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CONSERVATIVE PROGRESS.

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BY HENRY D. DIDAMA, M.D., PRESIDENT.

The advance of science is hindered not more by obstinacy than by fickleness.

The skepticism which uses an honest crucible is a blessing; the skepticism which wields a club, and smashes old things indiscriminately *because* they are ancient, is a curse. Underneath its destructive malice is often a credulous and craven tenderness for anything which is new.

One face of Janus was emblematic of Memory, and looked benignly upon the past, with its garnered treasures; the other represented Hope, and peered eagerly into the rich possibilities and promises of the future. These faces were not mutually inimical; they were complemental; they were unity in diversity.

In medicine, bigotry and laziness sometimes call themselves conservative; opposed to these are discontent and love of novelty, which may assume the label progress; but genuine progress and enlightened conservatism work harmoniously together to perfect medical science. The one patiently tests all things; the other holds fast that which is good.

In medicine much is worthy of conservation; not a little is still moot; research is very active and confident; vast fields await exploration. Your attention is invited to a few illustrations and suggestions.

In *Pathology* the predisposing causes of disease are fairly well known by long and careful observation; but in the dazzling field of the microscope they are apt to be forgotten.

Inheritance, acquired vices, insufficient or improper or excessive food and drink, vitiated air, deficient sunlight, exposures, indolence, overwork, worry, these are predisponents which act by so impairing the resisting power that attacking foes of feeble potency are able to gain an easy victory.

Many diseases, such as eruptive, contagious and malarial fevers; pneumonia, consumption, erysipelas, septicæmia, pyæmia, and even suppuration are now quite generally regarded as the work of micro-organisms—the *contagium vivum*.

The doctrine of germs is essentially modern; although Harvey is thought to have had glimpses of its truth more than two hundred years ago. But Harvey never regarded germs as living particles, capable of prolific multiplication. He considered the emanations from a certain disease able—by what he called a seminal influence—to propagate the same disease in a healthy person.

The witty Jonathan Swift, in the early part of the last century, described a microscopic specialist whose enthusiasm is hardly eclipsed by the zeal of any modern observer. He had discovered worms in the flesh of certain diseased animals, and he published an account of his observations. His paper attracted some attention and received favorable comment. Inflated with flattery and vanity, the now famous discoverer continued to use his lens, and forthwith published the startling announcement that worms are the fountain and origin of all diseases.

In the present germ excitement—analogous to the gold fever of 1848 and the petroleum craze of later years—we are not to ignore other and well-established causes. We encourage the search for new *microzymes*—as we do prospecting for gold and oil;—we watch intently each promising indication; but we prudently reserve our credence and wait for verifications of alleged discoveries; knowing that some observers have that keen vision pointed out in the couplet:

> "Optics sharp it needs, I ween,
> To see what is not to be seen."

We not only braid fadeless chaplets for the modest brows of those who unearth a new *bacillus*, whose pedigree can be established beyond question; but we bestow our admiration upon those ingenious philological microscopists, who, if they cannot diagnosticate hereditary diseases by the physiognomy of the blood corpuscle, are yet able to invent some magnificent name for the minutest pest which infests the human organism.

We urge that investigation cannot be too extensive and thorough; but we counsel that there be no premature rushing into print with generalizations; lest the observations shall turn out illusory; lest alleged causes shall prove to be but unimportant coincidences.

The reward for patient work may be slow in coming, like the flour from the mills of the gods, but it will be of excellent quality at last.

If he is worthy of national gratitude who makes two blades of unnecessary grass grow where but one had a feeble struggle for existence before, how much

more deserving of temporary immortality is he who establishes his claim to a new pathogenic *cacozyme*, be it *bacillus* or *micrococcus* or *spirilium;* especially if he can tell us what to do with it.

The specific micro-organisms of tuberculosis and splenic fever and—perhaps—cholera, have been differentiated; those of miasmatic diseases, seen as the *palmella* in Ohio by a genius of sharp optics, and as the *bacillus malariæ* by Italian observers, remain to be verified. There should be little doubt of their existence, notwithstanding the incredulity recently expressed by an eminent writer who still pins his faith to the ancient notion that a poison is generated by decomposing vegetation. For while a living and developing organism will account for all the facts of origin, incubation, and behavior of miasmatic fevers, a dead poison is quite unsatisfactory and insufficient.

But the germs which cause scarlatina, measles, pertussis, etc., have thus far eluded search. It is still an undecided question whether croupous pneumonitis be a germ fever, with a local expression.

The suggestions of our eminent friend and associate, who called attention to this point several years ago, are entitled to, and are receiving, consideration throughout the world. Continued observations are still needed to confirm or overthrow the proposition.

In *Therapeutics* conservative progress finds an ample field. To prevent; to guide to a favorable termination, when prevention has been neglected; to alleviate, when recovery is impossible; to delay the inevitable escape of the soul from its weary prison; these are the important duties of the physician.

A thorough knowledge of the composition and structure of the body, and of the relation of parts, is indeed of great importance. The action of organs in health, and their perverted action in disease, rightly demand the most careful study.

The foes which boldly attack the citadel of life, and the occult influences which insidiously undermine and sap the vital forces; these may well engage our earnest attention.

The fascinating analysis of our secretions and excretions, of our foods and medicines and poisons, deserves all the consideration which it receives.

The innumerable instruments of precision, which promise to substitute mathematical accuracy for vague guess, and which are too often used not to supplement but to supplant other and valuable methods of investigation, these, like the tribe of Abou Ben Adhem, will continue to increase, till they become multitudinous—if not perplexing—like the grasshoppers of the West; these rightfully challenge recognition and study, while with unappeasable appetite, they devour our substance if we attempt to add them all to our armamentarium.

But anatomy and histology, physiology, pathology and chemistry, etiology, diagnosis and prognosis; the possession of all the scopes, all the graphs, and all the meters, and the familiar and dextrous use of them; all these, interesting as they may be to the scientist, important and indispensable as they may be as preliminaries, foundations and aids to medical skill; all these are practically worthless except as they contribute to the relief of human suffering.

"The real physician," says Broussais, "is the one who cures; the observation which does not teach the art of healing is not that of a physician, it is that of a naturalist."

And, paraphrasing Sacred Writ, it may be added, there remaineth therefore pathology, diagnosis, therapeutics, these three; but the greatest of these is therapeutics.

Therapeutics, then—which includes all means to prevent and manage disease—being the superstructure to which all medical ologies are but foundation stones and adornments; the very fruitage of the tree of life; the sole beneficent application of all medical science, its importance to humanity, and therefore to the physician, cannot be overestimated.

Efforts to elevate the standard of medical requirements are worthy of commendation. Owing to the fierce rivalry of schools and the facility with which incompetence secures its diploma, it has been deemed very important, by many reformers, to have the licensing power placed in the hands of an independent Board of Examiners.

Should such a Board be constituted, it may properly require a thorough preliminary training; it may be so comprehensive in its demands, and so vigorous in its examinations that no one guilty of ignorance regarding the fundamental branches of medical and other cognate sciences shall be able to gain admission to the ranks of a noble profession.

But if, in these exalted demands and these exacting examinations, therapeutics be ignored or belittled; if therapeutics be not elevated to the highest position and regarded as the one thing needful; the very vital principle without which everything else is but dead and useless science, and with which alone the physician does all his skillful deeds of benevolence; then the ordeal to which the candidate is subjected is delusive and beggarly. It may even deserve reprobation.

The object of a Board of Examiners should be to protect the community from the ravages of additional incompetency. Its action must of necessity be prospective. It cannot hope to uproot a professional ignorance, which, associated with length of years and engaging manners, has become popular and almost sacred. But it can determine the minimum amount of knowledge which must be possessed by every candidate who shall gain admission to the medical fraternity. If its examinations shall be comprehensive and searching, and at the same time not so narrow and technical as to regard an error in orthography less excusable than a gross blunder in medical practice, it may accomplish its good purpose.

But if it tithes, rigorously, the mint, anise and cumin, and neglects the weighter matters of applied medical science; if it shows partiality; allowing Vitreus Ceruleus, who believes the radiance which filters through blue glass to be the only and omnipotent remedy for all diseases; and the gushing Aquarius, who dotes on and swears by magnetized spring-water as a panacea; and the innocent Credulus who puts all his faith in faith alone; and the oily and

plausible Sinbad, who pretends to be under the guidance of disembodied spirits; if the Board allows these to shirk entirely the examination in therapeutics and materia medica to which plain, unpretending Medicus—who recognizes the importance of these sciences—is subjected; then when it puts these five on the same high level before the public, giving each the same indorsement and the same license, it inflicts a wrong on Medicus; places an unnecessary and useless burden on Ceruleus, Aquarius, Credulus and Sinbad; and perpetrates a fraud on a confiding and misled community.

To serve the public wisely and well, the Board should subject every applicant, whatever his callow crotchets, or prejudices or intentions may be, to the same examination in every branch of medical science, as understood by the vast majority of the profession. Possessing the learning requisite to pass this examination, and endowed with his credentials, the tyro should be at liberty to adopt and practice any special delusion or idiocy which his fancy may indicate, or the credulity of the public make profitable. For as he can never entirely divest himself of his useful knowledge, the community will have all the protection it is possible for an Examining Board to furnish.

Some of the general principles of theraputics are worthy of the most careful preservation. Many of the measures employed in preventing and stamping out various so-called zymotic diseases are fairly successful; and constant research is adding largely to their numbers and potency. The importance of iodine and mercury in certain diseases; the palliative and curative effect of opium in a variety of complaints; the efficacy of Peruvian bark in miasmatic affections; the desirability and possibility of preventing and subduing high temperatures in fevers and inflammations; the wonderful results secured by certain heart tonics; the neutralizing and eliminating measures which have shortened the term of rheumatism from six weeks to six days; the undiminished power for good of ferruginous preparations in suitable cases; the occasional utility and even saving power of the once abused and now as much maligned venesection: these are merely samples of therapeutic principles and practice, whose truth is attested by countless, critical, level-headed observers throughout the whole world.

New discoveries in etiology, pathology and materia medica will modify our views and constantly increase our ability to overcome disease. They will show us when to interfere actively and when to watch and wait. And while we hold fast to well-founded principles of treatment and to remedies whose adoption has been tried, we give a hearty welcome and testing to every new measure, to every new medicine, which has a satisfactory indorsement. We are hampered by no dogma; so that while we are not seduced by utopian theories, while we make no experiments with obvious and gross delusions, and while we set our faces like flint against fraudulent pretenses and practices, we carefully consider every promising suggestion, by whomsoever made, and we gladly adopt every useful discovery, and every tested new application of old principles and remedies.

Is not this platform broad enough to afford standing and working room for every one who seeks to know and practice truth?

It is fashionable in certain quarters to decry the medical schools of our country; to censure their practice of so oiling their portals that the grossest ignorance can find an easy and welcome admission; to inveigh against their methods of teaching; and to condemn the facile, if not farcical, examinations which permit incompetence to seize a title and go forth to prey upon community.

Indiscriminate and unmixed reprobation is not only unjust; it defeats its purpose. For whatever may be the deficiencies of our great schools; however far they fall short of what they can and should be; they have excellencies which should not be ignored. They have given to the profession men renowned throughout the world for their wisdom and skill. In their corps of teachers are many whose aptness and industry and ability are unsurpassed. They afford clinical opportunities so rich and varied as to leave nothing to be desired.

If their requirements for entrance and exit have been too low, is it not because the profession have not demanded higher? If the terms have been too short, and the years required too few, and the methods unnatural and deficient, is it not because the profession have given little practical encouragement to the hearty, even if too speedily abandoned, attempts which some of the schools have made to secure needful reform?

Can it be doubted that the accomplished and devoted teachers in the schools are always ready and willing to respond to any earnest call of the profession for a higher standard?

Shall this call be made? Will those who make the demand prove their sincerity by pledging their influence, their aid and comfort, to those schools which, at whatever labor and expense, shall eliminate the faults of the present system and bring it into harmony with the teaching in all institutions of learning, and with the law of mental evolution and growth?

That brilliant results have been achieved under the prevailing system of medical teaching has not been, and cannot be, denied. Would they not have been still more brilliant and satisfactory under a better system?

The native Ceylonese, with instruments which would hardly be tolerated in an American blacksmith's shop, sits on the ground and patiently fabricates jewelry and filigree, which are marvels of exquisite delicacy and beauty.

Retaining his present artistic taste and skill, how much more and better work could he do with the perfected instrument of his civilized brother.

The superiority of the graded system of medical training is not universally acknowledged. At least one prominent teacher and one good medical journal openly profess not simply a contentment with the present unnatural system, but an admiration for it, and a desire to have it conserved. The attempts to reduce chaotic elements to order, they denounce as impracticable; and they kindly predict and counsel their early abandonment.

Proposed reforms always provoke some opposition. The attempt to introduce into Mexican farming such modern implements as the steel plow, the cradle, the reaper and thresher, is earnestly combated by many of the native workers. They not only adhere to the sickle and to the old one-handled Palestine plow—an iron-shod stick which barely scratches the soil—and to the threshing-floor, where oxen and mules tread out the grain, but they insist that this clumsy system is the better. They hill their corn, as our own farmers did fifty years ago. They use a hoe in the operation. But the hoe has no handle, and the native partly creeps and partly jumps, like a kangaroo, from hill to hill, as he goes through the field. Still he loves and reveres the old ancestral implement. He denounces the handle as a device to promote laziness; and he asserts that with a primitive hoe in each hand he can do more and superior work. It was only by compulsion that these earnest Mexican conservatives could be brought to use wheelbarrows on the public works. They preferred to carry their loads of stone and dirt on their backs and heads. And such was their devotion to the ancient method, that at first they actually shouldered wheelbarrow, dirt and all, and then vociferously condemned the new notion as a fraud and nuisance.

Honest differences of opinion should be treated with respect and tenderness. And since these differences exist regarding medical education, it may not be unprofitable briefly to compare and contrast the antique system with the modern.

Most of you know, from personal experience, that in the large majority of medical schools in this country, the student, at the very outset, is expected and required to hear lectures on all the branches taught—the most advanced as well as the elementary—every day. Although not usual, the occurrences to be described are by no means impossible. An ingenuous youth, full of zeal, industrious, ambitious, but with scant knowledge of the elements of the most moderate education, is received without question at the grand old conservative college. He matriculates. He attends a lecture on anatomy,—the first he ever heard of this important subject. He is delighted. He enters the laboratory and listens with pleasure and profit to the professor of chemistry. Truly, he says to himself, the ways of wisdom are ways of pleasantness, and all her paths are flowery walks of peace.

He hastens into the surgical department. The lecture is introductory. But in a few days, and while his knowledge of anatomy is still limited to an awful admiration for the suspended skeleton and for the tray of disarticulated bones on the table, the subject of the lecture is aneurism.

The bright description, the lucid explanation make the whole subject interesting and satisfactory. The eloquent professor describes the operation for ligating the radial artery in its lower third: "Hold the hand supine; make an incision two inches long on the radial side of the *flexor carpi radialis*. The integument and aponeurosis being laid open, the artery is at once brought into view."

This is all clear enough to you, learned Fellows, because you have received sufficient anatomical instruction.

But the fresh pupil whom we are considering—one of us perhaps—whose hopes but a few days ago were radiant and towering, becomes perplexed and disheartened, if not disgusted; because he has no knowledge of what radial may mean; whether aponeurosis is an animal or vegetable; or whether the *flexor carpi radialis* be a bone, nerve or sinew, situated on the crown of the head or sole of the foot.

After the wearisome—wearisome because incomprehensible—incomprehensible because the student has not been prepared to understand it—lecture on surgery is ended, the still plucky pupil ventures into the room where the professor of the art of medicine is showing how insufficiency of the tricuspid valve, by obstructing the onward flow of blood in the *vena cava*, may cause congestion of the portal system and then gastric catarrh, hæmorrhage and albuminuria. He does not doubt the truth of the demonstration. But it loses all its beauty and force because the poor fellow has not the slightest notion of what tricuspid, or any other valve, may be, or where the *vena cava* or portal system is located.

In the obstetric department, the same failure to comprehend the lecturer results from the same want of preparation. But the rules of the school require attendance on all the lectures. And so, hour after hour every day is wasted, by an earnest and ambitious student, in listening to what he cannot understand, and so neglecting the studies which are prerequisite.

The short winter course is passed, and the student emerges in the early spring, with a head full of jumbled and meaningless words, with muddled ideas of medicine, obstetrics and surgery, and with insufficient knowledge of anatomy, physiology and chemistry, *because* the time which should have been devoted to these fundamental studies has been frittered away in a dazed attendance on lectures he had never been prepared to understand. The next winter he goes through exactly the same course but he is now better able to comprehend the teaching.

In *building a dwelling house*, you prepare a plan—first consulting the good wife regarding the fitness of things—and then you go ahead decently and in order. You lay the foundations deep and broad and strong. You carry up the superstructure carefully and gradually, so that no cracks nor flaws shall afterward appear. You put on the roof; finish the rooms honestly, without veneer or graining, and wait a sufficient time before you move in with your family.

You do not jumble all together, working an hour on the turret, another on the trench for the cellar walls, and still another on window sills and hard finish and joists and rafters.

If you were to *train for an athlete*, you would not unwisely overstrain your sinews the first day by doing work beyond your ability. You would begin with light weights and moderate walks, increasing the labor each day as the muscles became developed and strong.

In his attempt to *make an accomplished musician*, the wise teacher first trains the fingers and wrists of

the pupil, and requires much practicing of the exercises and scales, till all the fundamentals are thoroughly mastered.

He does not allow the aspiring youth to practice the rudiments in the forenoon, and then, in the afternoon, murder the symphonies of Beethoven, or attempt to render the brilliant lunacies of Wagner, at the very outset of his career.

If it should be proposed to *evolve a mathematician* out of raw material, we would not ask the candidate the first day to solve the problem of the hare and hounds, nor to listen to a demonstration of the 12th Proposition of Euclid.

We would begin with the simplest examples in addition and subtraction, and then advance through the higher and still higher departments, till at length, like Verrier, the fully developed candidate could discover and locate a planet by pure mathematical calculation.

In *training* a *child* to be a *linguist*, we begin with the simplest form of speech and lead him on, by precept and example, till he can speak with the tongues of men and of angels, and have charity besides. It would be unnatural, and therefore unwise, to allow him to waste time at the start in listening to the sounding brass of Cicero's orations, or the tinkling cymbals of Xenophon's fables.

If in every other department of human industry the natural development plan is pursued without opposition or question, why should medical education be the marked exception? Why, if we wish, as we ought, to *utilize* to the utmost, *the time and talents* of a *medical student*, should we not take him step by step—for that is what the graded course means—through anatomy and physiology, histology and chemistry up to surgery and practice and obstetrics?

Why should we have him fritter away the scant but precious hours of his first course of lectures in listening to what he cannot by any possibility fully comprehend? Would not this be doing what ought not to be done, and leaving undone what ought to be done?

The natural system of medical education is no longer a beautiful and dreamy speculation. It has been fairly tested, and it has been found efficient. Those who know it best give it the heartiest approval. The requirements for matriculation are, or should be, more and more exacting every year. The written and oral examinations are frequent and thorough. The yearly and final ordeals are very trying and severe; but the students who have brains, application and faithfulness always come through triumphantly. Even those whose natural capacity is not the greatest succeed remarkably. Under a natural system their mental growth is rapid and astonishing. At the last they seldom fail because their time has been husbanded and properly employed; because their studies have been interesting and delightful inasmuch as they have been thoroughly comprehended and mastered, every step of the way.

Here are two pictures. Do they not represent the prominent differences in requirements and results between the ancient, but still prevailing system, and the modern one.

In one case; no preliminary examination; only two short courses of lectures required, the second identical with the first; the novice required to attend lectures on every subject every day, neglecting preliminary work because the time which might have been devoted to it has been worse than wasted in hearing learned talk which he was not prepared to understand; valuable clinical and laboratory opportunities; no examinations to advance to higher grades, for there are no grades; a final examination which is so superficial in many instances as to be little better than a farce, and whose meshes are large enough to let mediocrity and inferiority, as well as the superiority, which is always present, pass through with greatest ease.

In the other case; preliminary examinations which require a certain, even if insufficient, preparation; three years of training at the college, the novice beginning at the beginning; all his time employed in hearing and doing what he can and should understand; his capability and progress tested by frequent oral and written examinations; his advance from grade to grade checked if his fitness be not established; valuable clinical and laboratory opportunities; searching yearly examinations; and a final examination, which, although of great severity, does not, except in rare instances, result in rejection, because the student has been educated in a way which accords with Nature and does not violate it.

Of these two systems, judge ye which is the better.

And yet the difference between the old system and the new is greatly one of arrangement. A change from one to the other can be effected with as little commotion as was noticed when twenty discordant and puzzling computations were consolidated into the present admirable system of standard time.

No more teachers would be required; no better lectures could be delivered, or would be needed. The labors of the professors would be considerably increased because the total length of the lecture season would be more than doubled, but they would hardly be conscious that a radical change, amounting to a revolution, had taken place. But the students, who are to be the physicians of the future, and the confiding patients of these physicians would derive incalculable benefit.

Would not the adoption, by all the schools of this country, certainly by those of this State, and especially by the three prominent ones in this medical metropolis, of the natural system, with the honest and vigorous enforcement of its entire demands, secure a practical elevation of the medical standard, so much yearned for; deserve the support of the profession; and restore a confidence which has been seriously impaired? Would not this adoption protect community to the greatest extent possible from incompetence, and render unnecessary, so far as legitimate medicine is concerned—the only medicine about which we have any solicitude—the proposed State Board of incongruous Medical Examiners?

And now, Fellows of the Association—good fellows and patient, one and all—I thank you for the very great and, of course, unsought honor—for it would not be an honor if I had sought it—you have

conferred in choosing me to be your first presiding officer. I confidently count on your kindly forbearance and your generous assistance.

I congratulate you that our first meeting begins so auspiciously; that the promised material for our coming three days' scientific festival has never been surpassed in richness or variety.

I cordially invite each and every one to contribute to the success of the feast.

APHONIA DUE TO CHRONIC ALCOHOLISM. PARALYSIS OF THE LATERAL CRICO-ARYTENOIDS.

BY ETHELBERT CARROLL MORGAN, A.B., M.D.,
WASHINGTON, D. C.

Read to the Section of Ophthalmology, Otology and Laryngology of American Medical Association, May 8, 1884.

There is no morbid condition involving the vocal organs possessing a more varied pathogeny than paralysis of the lateral crico-arytenoid muscles, the functional aphonia of pre-laryngoscopic authors.

No disease is more doubtful in its amenability to therapeutic measures, the restoration of voice in some instances following the introduction of the laryngoscopic mirror; in others baffling all our resources. That motor disturbances of the muscles under discussion resulting from fright, mental emotion, anæmia, chlorosis, dysmenorrhœa, intestinal irritation,[1] rheumatism,[1] syphilis, diphtheria, hysteria, and reflex influences do occur is a fact generally admitted and frequently observed by the laryngologist.

Lead,[2] arsenic,[3] phosphorus, opium,[4] and belladonna,[5] have all been accredited with having caused palsy of the various laryngeal muscles. These cases, however, are greatly scattered throughout literature, and occasionally lack important details. "The influence of certain substances taken in poisonous doses is exerted upon the nerves and muscles of the larynx as well as other parts, and loss of voice is a circumstance to be witnessed after using some of the powerful narcotics, antimony, mercury, arsenic, and other poisons of an exhausting character."

"These agents act slowly . . . . causing a palsy similar to wrist-drop."[6]

Though analogically we may be warranted in establishing an alcoholic laryngeal paralysis, I am aware of but few precedents in the form of recorded cases.

Hamon,[7] in recording an instance of what he denominates "aphonie alcoolique," takes occasion to say: "Alcoholic aphonia is an affection rarely observed, and it is doubtless for this reason that medical treatises are silent upon this subject."

Whilst prolonged indulgence in alcoholic stimulants not infrequently terminates in loss of voice and imperfect articulation, dependent upon central paralysis, there is also evidence that the loss of voice may occasionally originate in defective peripheral innervation.

I am only too conscious of the great difficulties enshrouding this entire question of pathogenesis in paralysis of the laryngeal muscles in the affection under consideration.

Ziemssen[1] says, "It cannot be determined whether or not the toxic paralyses of the vocal cords are to be regarded as central paralyses of the glottis."

Cohen[2] in describing paralysis of the lateral adductors says, "The cause of these paralyses is sometimes involved in great obscurity."

The exposure, muscular relaxation and lowered vitality accompanying and resulting from chronic alcoholism, doubtless assist in producing the motor laryngeal trouble.

A few of the ancient writers on medicine clearly allude to the modification of voice during intoxication. Thus Hippocrates[3] in his article on Aphonia remarks:

"*Si quis ebrius ex improviso mutus fiat, convulsus moritur, nisi febris corripuerit, aut ubi ad horam qua crapulæ solvuntur, pervenit locutus fuerit.*"

Morgagni[4] mentions alcoholism as a cause of aphonia, and speaks more particularly of the central lesions giving rise to this trouble.

G. Andral[5] says: "Nervous aphonia is sometimes noticed after hysteria is developed during drunkenness, and may be caused by both opium and belladonna."

There is a common phrase used in Germany expressive of the deleterious influence which alcoholics exert upon the vocal organs—"Er säuft sich die Kehle ab."

Bierbaum[6] records the history of a man suffering with mania á potu who was aphonic. This case, however, was evidently due to central influences.

Examples of loss of voice have fallen under my care during a number of years past, which have clearly pointed to alcohol as the "*fons et origo*" of the laryngeal palsy, and consequent phonetic deficiency.

These patients were not periodic, but to the contrary habitual imbibers, and as a rule, only discontinued their protracted debauch when bed-ridden.

The clinical history and data in my first case are as follows:

CASE I. A military gentleman of fine physique and 30 years of age was referred to me by Dr. William M. Mew, U. S. A.

The patient had neither pain, cough, nor thoracic trouble, but exhibited a dull appearance of visage,

[1] Voltolini, *Wochenschr. f. d. Ges. Heilk.* Berlin, 1845, p. 454-59.
[2] Ziemssen's Cyclop. Pract. Med., vii, p. 946.
[3] A. H. Smith, N. Y. *Med. J.*, 1873, xviii, p. 412.
[4] C. E. Sajous, Archiv. Laryngology, vol. iii, I. p. 58.
[5] Andral, Cours de Pathologie Interne. Par. 1836, i. p. 310.
[6] Gibb (G. D.), Diseases of the Throat and Windpipe, London, 1854, p. 102-103.
[7] *Gaz. d'Hop.*, Paris, 1860, xxxiii, p. 221.

[1] Op. Cit. vii, p. 942.
[2] Diseases of the Throat and Nasal Passages, N. Y., 1879, p. 642.
[3] Aphorismes D'Hippocrate, Paris, 1811, Sec. 5, ¶ 5, p. 168.
[4] *De Sedibus et Causis Morborum*, Venice, 1761, vol. I, Epist. xiv, ¶ 34, p. 120.
[5] Cours de Pathologie interne, Paris, 1836, I p. 310.
[6] Deutsche Klin., Berl., 1866, vxiii, p. 56.

and the general evidence of a protracted dissipation, which he admitted.

He could scarcely speak in an audible tone, and stated that the voice commenced to weaken eighteen months previous.

He had been compelled to relinquish his company, as the puerile voice rendered proper decorum among his men an impossibility, for they could not hear his commands.

The laryngoscope revealed a moderately congested pharyngeal and laryngeal mucous membrane, no erosions, hypertrophies, nor inter-arytenoid thickening.

Upon attempted phonation the vocal bands were incompletely approximated, and much phonetic leakage occurred.

The treatment instituted consisted in enforced abstinence from all alcoholic stimulants, the internal administration of thirty minims of tincture of nux vomica thrice daily.

Sprays of an ethereal solution of iodoform 2.30 gms. to 21.00 gms., as well as ammonium chloride 1.60 gms. to 32.00 gms. of water, were administered on alternate days, morning and evening.

Improvement followed, and the patient said that his own children were frightened at his voice on returning after four weeks' absence from home.

In six weeks the voice was completely restored, and he was discharged from medical treatment and rejoined his company.

I learn that he has been more temperate, and that his voice is still good two years after treatment.

Case II. M. C., aged 32, white, to whom I was called on the morning of March 30, 1884, was my second case.

The messenger stated that the patient was experiencing suffocative attacks, and desired my aid immediately.

On arrival I found my patient in a state of nervous excitement. He said in a whisper, devoid of vocal sound, that he had habitually drank alcoholics to excess; but having recently indulged more freely than usual, developed aphonia, insomnia and nervousness.

A laryngoscopic examination showed a normal mucous membrane—no hyperæmia, inflammation or ulceration. The vocal bands, however, failed to approximate during phonation, and on inspiration the same bands evinced indisposition to proper abduction.

A careful physical exploration of the thoracic organs demonstrated the absence of all disease other than slight cardiac hypertrophy, and his intellect, hearing and vision were normal. He had never had syphilis, rheumatism, or any laryngeal inflammation.

The patient said that on a previous occasion he had lost his voice for ten days, during an exacerbation of alcoholism.

My treatment in this case comprised abstinence from alcohol, the administration of a purge of calomel and rhubarb, followed by nervous sedatives and hypnotics. I pencilled the larynx with a pigment of zinc chloride, endeavoring to arouse the torpid muscles.

The patient slept well during the next forty-eight hours, took nourishment, and improved in voice but slowly.

I finally employed faradisation and nux vomica with the best result, as the power of complete phonation was regained in ten or twelve days.

Here are two instances of aphonia existing in patients having normal sight, hearing, and perfect intellectual faculties, patients free from chronic catarrhal laryngitis and the evidence of syphilis or rheumatism.

The removal of the alcohol in one, and the employment of either an excito-motor stimulant or faradisation in the other, resulted in entire restoration of voice in these patients.

The rapid improvement in my cases, and line of treatment, excludes intracranial influence as causing the aphonia.

Hamon[1] says: "It is totally unnecessary for alcoholic poisoning to be pronounced in order that aphonia may be produced." This statement is in accord with my own observation, and is verified by my cases.

Alcoholic aphonia is, in my opinion, more common than the scanty literature would suggest.

The voice, as Broue[2] judiciously observes, is the hygrometer of sobriety.

Recalling, then, the many causes involved in the production of paralyses of the lateral crico-arytenoids, and the uncertainty of our knowledge on the entire subject, may I venture to add alcohol to the list of toxics occasioning paralysis of the laryngeal muscles?

At least let alcohol be assigned to the same category as lead, arsenic, antimony and opium, there to remain subject to future scrutiny and additional clinical observation.

TREATMENT OF UTERINE DISPLACEMENTS.

BY AUGUSTUS P. CLARKE, M.D., CAMBRIDGE, MASS.

Read before the Gynæcological Society of Boston, Nov. 13, 1884.

Perhaps in no other department of gynæcological practice has a subject been more thoroughly considered than that of the treatment of uterine displacements, and although much has been achieved in this direction by the study, still there remains much diversity of opinion in regard to the propriety and method of such treatment. From the earliest times physicians have recognized the discomforts of uterine displacements, and have sought in some manner to rectify them, and for such relief a great variety of devices have been used. The ancients made use of medicated pessaries, which they distinguished into astringent, opiate, aperient, emollient, etc. The solid pessaries are composed of cork, ivory, wood, gum elastic, sponge, caoutchouc, silver, lead, zinc, copper, glass and other peculiar substances, and often coated or concealed by soft rubber or other protective, as the peculiar symptoms, or as the fancy of the operator might dictate. Indeed it would seem that a physician can hardly be considered a good gynæcologist until he has devised or approved of some special form of a pessary. Without attempting to wade

[1] *Gaz. d'Hop.*, Par., 1860, xxxiii, p. 222.

[2] Hygiene Philosop. d' Artistes Dramatiques, Par., 1836, ii, p. 109.

through the history and description of these several singular contrivances, I would state that the main design in theory, at least, in the treatment of uterine flexions is to place the unimpregnated uterus of a woman, otherwise healthy, in such a plane or position in the pelvis that the circulation of that organ shall be unobstructed. This is the important point in the treatment that should not be lost sight of, if we are to succeed at all in properly selected cases. Another important point in correcting a displacement or prolapse is not to elevate the uterus above the normal health line, for when the elevation is too great, the symptoms of prolapse or displacement will remain unrelieved, and the cervix be liable to become eroded, and a leucorrhœal discharge take place. The enlarged and flabby condition of a retroposed uterus has often been ascribed to subinvolution of that organ, but this condition of hypertrophy is often found in nulliparæ who present themselves for treatment for retroflexion. I can recall cases of retroflexion occurring in nulliparæ when the cervical canal was patulous and when the mucous membrane of the lips protruded, presenting the appearance of ectropion.

Such cases are usually attended with a cervical discharge producing more or less excoriation, and often vaginitis. The uterus at first, and more especially the fundus, is retroflexed, and if the symptoms remain unrelieved, that organ becomes more and more prolapsed. In this condition the uterus is often extremely sensitive, and the adjacent parts, particularly the ovaries, become the centres of hyperæsthesia. In such a case as this the retroflexion is not the sole cause of this perverted sensibility—but it is owing to the changed relations of the body, fundus and cervix to each other, and the necessary strain upon the uterine ligaments and the production of venous stasis in the parts, by the pressure on the walls of the blood-vessels at the preternatural curve or angle formed by the flexion. In recently produced cases, by sudden violence a good deal of hæmorrhage often takes place, but this is not owing to congestion, as is sometimes ascribed, but to the obstruction in the circulation as stated above. Authors are accustomed to speak of different degrees of retroflexion. Thus, the first degree is where the uterus has a slight bend backward, and the second is where it has a more marked flexion. The third degree is where the fundus is so much bent backward as to have the two extremities of a semicircle nearly touch each other. Sims used to state that the normal position of the unimpregnated uterus is on a line parallel with one from the umbilicus to the tip of the coccyx, this to be determined by the introduction of the uterine probe or sound. Any deviation from this position, which constitutes an angle less than forty-five degrees, is, as a rule, not to be considered as abnormal. The symptoms of uterine displacement are numerous. One of the most common is uterine dyskinesia, or painful and difficult locomotion. This symptom may occur with either variety of flexion, and become so aggravated as to acquire the title of reflex paraplegia. In such a case the power of locomotion is greatly diminished, and the action of the muscles is deficient. According to a more recent view by Dr. C. J. Nixon (Dublin *Journal of Medical Science;* JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, vol. iii, p. 408), the dyskinesia or paraplegia is the result of an ascending neuritis or phlebitis which extends from the primary source of the disease of the uterus to the spinal cord, or the occurrence of a descending neuritis commencing in the sacral plexus, and extending downward along the sciatic nerves.

I have now under treatment a young lady unmarried, who has suffered greatly from uterine dyskinesia as a result of a retroposed uterus in the second degree, and whom I have greatly relieved by paying close attention to the uterine displacement. In her case the local application of tannin and glycerine continued for several weeks, coupled with good tonic constitutional treatment, has in a great measure relieved her distressing symptoms and enabled her to walk again as heretofore. The glycerine, according to its well-known action, abstracts fluid from the thickened and œdematous parts, while the tannin by its astringent power gives support to the vaginal and uterine walls. In another case I have used alum instead of tannin, in accordance with the plan of Robert Bell, M.D. (physician to the Glasgow Institution for Diseases of Women, Retrospect, part 89, page 165.) According to this author the tampon when saturated with a solution of alum in glycerine and applied in flexions or versions acts in three different ways; 1. as a support; 2. as a depleting agent; and 3. as an invigorating agent to the uterus and vagina. That this agent by its styptic powers reduces the arterial supply, and by its astringent property induces contraction of the muscular fibres, and thus materially assists in the expulsion of the venous blood. It has another advantage in being a cleanly application; it coagulates the catarrhal discharge and thus prevents its decomposition and the excoriation and vaginitis consequent on profuse and acrid discharges. Under this treatment papillary ulceration speedily disappears and hypertrophy of the cervical tissue greatly diminishes. I have recently had a case of a multipara, aged forty years, who had been a great sufferer from a retroposed uterus of the third degree. She had suffered much from hyperæsthesia extending to the left ovary, she had also suffered from cellulitis. The uterus could not easily be replaced, owing to firm adhesions. There was a good deal of unhealthy discharge, she had had an unfaithful husband. I tried a great variety of pessaries, but she experienced no benefit from their application. Indeed, it was with much difficulty that a pessary could be adjusted, as the uterus was held so firmly by the adhesions. This lady suffered much from cystitis, owing to the pressure of the cervix and body of uterus upon the bladder. As this woman had a very fair perinæum, I was advised to try tampons of glycerine and tannin. The applications were to be made every day or two, while the patient was in the recumbent position. These tampons were applied with gentle pressure at first, and each succeeding one was applied with more and more pressure, when at length the adhesions gradually gave way, and the uterus could be raised higher and higher toward the normal health line.

The hyperæsthesia and vaginitis finally disappeared, and the leucorrhœal and vaginal discharges ceased, and the mucous follicles about the cervix became atrophied. These medicated tampons were continued for some time after her more distressing symptoms had yielded.

In another case I used alum instead of tannin, as recommended, which is more cleanly, besides it gave equal if not better satisfaction. Following is the formula: glycerine, 320 grammes; alum, 40 grammes; acid carbolic, if deemed necessary, 8 grammes; water, q. s. and a tampon of absorbent cotton saturated with the mixture is to be placed well up in Douglas's pouch, the other larger one behind the cervix and acts as support of the smaller of the two. This treatment is applicable to the bladder symptoms of anteversion or anteflexion, as a rule one tampon is sufficient (Retrospect, part 84, pages 201-2). I recall another case of retroflexion which occurred in my practice about a year since, where a similar treatment was so far successful that the patient could dispense with the use of a pessary without inconvenience. Before she came under my care she had worn several kinds without material benefit. In another case where the retroversion was dependent upon a subinvolution the application of the medicated tampons, and small and repeated doses of ergotin, in pills three centigrammes, three times a day with gentle laxatives, effected a thorough and speedy recovery. In another case where I freshened the edges and closed an old ruptured perinæum for rectocele, I employed medicated tampons as a preparatory treatment. This case did well but a Hodge pessary was afterward necessary for a long time. In an old and troublesome case of prolapse, where there was a very fair perinæum, occurring in a Swedish lady, I succeeded quite well with the tampon but a good sized Hodge pessary afforded her great comfort.

Cases of anteflexion with or without cystocele are often quite troublesome and difficult to relieve. The following case came under my care: Miss H., unmarried, aged 16 years, had suffered for some years more or less from an affection of the bladder. She suffered from symptoms simulating calculus of the bladder. Her suffering at length became so severe that medical attendance was imperative. This lady suffered from bradysuria, and the urine contained a copious sediment of mucous or white corpuscles. A thorough exploration of the bladder demonstrated that there was no calculus, but that the uterus was sharply anteflexed or bent upon itself like a joint of a finger when closed. The uterus, while the patient was under ether, was replaced by means of a uterine sound. Considerable pain and constitutional disturbance followed the operation, but this soon subsided. This patient at the time was seen in consultation by one of the most distinguished surgeons of Boston, who advised against the use of a pessary in this particular case, relying upon general treatment and occasionally restoring the displaced organ, but contrary to his advice a Hodge pessary was fitted and applied with seeming benefit and relief to the patient. This was by the advice of a specialist in this line of work.

This case I have had under observation and care for the past six years or more, and though the patient was undoubtedly relieved by the hot uterine douches at first continuously and systematically employed, yet I have had some doubts whether the pessary has been of that particular benefit which it at first seemed to promise. For I cannot forget what J. Matthews Duncan has said (Retrospect, part 87, page 206)—that a kindly doctor makes an amiable patient anxious to please him and ready to express a sense of relief which may not be real. Our patient was all this; a highly amiable lady, trained with great care, and anxious to please, and undoubtedly ready to express a sense of relief which may not have been real, without having a desire to be untrue. This young lady, contrary to the advice of *Punch* to the young man, not only contemplated marriage, but recently has become a wife to a sturdy Saxon. The writer of this paper has not lo t his interest in the case, but still has his lenses properly focused, in order to see, not only what is to be the outcome of this case, but further, to ascertain who had the sounder opinion—the distinguished surgeon or the presuming specialist. One practice, however, that was at first offered, that of replacing the uterus from time to time by the probe or finger, does not receive the sanction of J. Matthews Duncan. This, he says, has no other effect than to irritate the organ, for the displacement immediately recurs after the probe or finger is removed. Duncan further, speaking of the use of pessaries, says he has never used one on any ground whatever in a virgin, and as to the benefit of pessaries for anteflexion, he expresses no belief, but remarks, if they do good, it is not by keeping the uterus straight; it is by diminishing or preventing further descent of that organ. He remarks he has never used an anteversion pessary, and that he has no idea or intention of so doing, as he has never seen any benefit from their use. Matthews Duncan, in the same part (87, page 282), speaking of minor displacements of the uterus, says we may have these displacements without the symptoms, and the symptoms without the displacement, and until we know better than we know now that the symptoms are dependent on the displacement, he advises us to leave the displacements alone.

Now after reading carefully the above article, I cannot but feel that the author here referred to fails to distinguish a pathological condition of the uterus from a normal physiological one. According to the statistics of Dr. Vedeler (Archiev für Gynäkologie, retrospect, part 86, p. 196) who examined 3,012 women, found 18 suffering from prolapsus. Of the remainder, in 15 per cent., the position of the uterus was normal, it was anteverted in 12 per cent., retroverted in 10 per cent., anteflexed in 54 per cent. So that of 3,012 women of the menstrual age, and of all conditions, the uterus was anteflexed in more than half of the number. Of the whole number 466 were virgins, 749 nulliparous, 322 were from 2 to 3 months pregnant, and 1,465 were mothers. In healthy nulliparous women the normal position was found in 9 per cent. only, and anteflexion 71 per cent. In nulliparous women who complained of pelvic symptoms

the normal position was 15 per cent. and anteflexed in 56 per cent. In about 75 per cent. of healthy women who are nulliparous, the uterus was in a state of anteversion or anteflexion, while a similar position of the organ was found in 70 per cent. of such women who complained of uterine suffering, and the so-called normal position was found in 8 per cent. only of such women in health, but in 13 per cent. where they suffer from uterine disease. Emmet early recognized that versions may exist an indefinite period without causing disturbance, and it is only when the circulation is obstructed that discomforts arise. I have a patient who has had a marked retroversion for the past eight years at least, and who has not had the slightest inconvenience from the displacement. In her case there is no impediment to the uterine circulation. I can also recall several cases of well-marked uterine displacement where no untoward symptoms have occurred. It is only in retroversion and in prolapse that mechanical means are of use. For this statement we have the authority of Emmet. As for anteversion[1], that is for the most part the normal condition of the uterus, and it is only where we have prolapse or descent of the organ that vesical disturbances occur. The descent causes traction downward on the neck of the bladder or along the anterior wall of the vagina, just as retroversion causes the dragging of the neck of the bladder upward. Now in order to relieve the bladder in consequence of the anteflexion we must correct the prolapse of the uterus as we do in cases of vesical disturbance arising from retroversion. This was the condition in the case of my patient suffering from the effects of the anteflexion already referred to when a Hodge pessary was employed to elevate the uterus without regard to the flexion of that organ.

The same end is sought to be compassed by a new method of treating the severer uterine prolapsions by operation on the round ligaments (by William Alexander, M.D., F.R.C.S., England, Surgeon to the Liverpool Work-house Infirmary). Hence we see, from a therapeutic point of view, why, before the advance of gynæcology, the term prolapsus uteri was employed to embrace all that is comprised in the several terms that now denote uterine displacements. The operation devised by Alexander is not limited to cases of prolapsus uteri as such, but it has been resorted to with success in cases of retroversion, attended with descent of the uterus. Cases of cystocele, with prolapse of the vaginal wall, where there are no adhesions, may be slightly benefited by the operation, but where there are old adhesions this operation should not be undertaken. Drs. Campbell, Adams, Lediard and others have had recourse to this operation with success. Dr. Knowsley Thornton (Retrospect, part 82, p. 281), speaking of uterine displacements, says it is the descent of the uterus and the dragging on the ovaries and broad ligaments, with consequent interference with the functions of the bladder and bowels, that lead patients to seek our aid. For extreme cases, where there is no descent, but where mechanical obstruction exists in the cervical canal, he resorted to graduated sounds for their relief. This practice I have myself adopted, in several instances, for some years past, with quite good success. In such a case now, I make use of rapid dilatation as being more satisfactory. In regard to stem pessaries, Thornton believes them to be often of incalculable mischief. He believes those who take out pessaries, as a rule, do infinitely more good, and infinitely less harm than those who put them in. The writer of this article remembers once to have heard the late Dr. Atlee make the remark that he was often consulted in cases where he removed a pessary, but rarely in a case where he deemed one necessary. The advice contained in the above remarks, in regard to the use of pessaries, strikes every one as being somewhat sweeping, but perhaps was aimed at the practice of the cranks in the profession, who often can not discriminate between a case of simple retroversion and one requiring the aid of this valuable instrument. Besides the means above referred to, cases have been relieved by other modes of practice. Dr. Evory Kennedy (late Master of the Dublin Lying-in Hospital, *Med. Press and Circular*, Sept. 25, 1872), makes mention of an obstinate case of procidentia cured by the actual cautery.

After the uterus was placed *in situ* the actual cautery was then applied about an inch and a half from the vulva round the surface of the vagina for the extent of about half an inch. The cicatrix formed by the eschar prevented the descent of the os. In my early practice, I remember treating a case of old and obstinate prolapsus uteri by industriously applying for several days, for the profuse leucorrhœal discharge, a strong solution of nitrate of silver to the protruding cervix. The uterus I had previously restored, but a violent inflammation ensued, that resulted in such firm adhesions I was never afterward able to distinguish clearly between the cervix and the fundus of that organ. Suffice it to say that the patient finally recovered from all her distressing symptoms, and regarded her case as having been most skillfully treated. In the same paper we find reported a case of procidentia vesicæ treated by a vaginal mould. A cast of the vagina was taken in wax, with the bladder restored to its natural position. A plaster of Paris mould was made from it, from this a caoutchouc instrument was moulded. This the patient wore with great comfort and convenience. Dr. James Dunlop reports a case of artificial occlusion of the vagina for the cure of prolapsus uteri. In this case, a strip of mucous membrane an inch and a half wide was dissected from half an inch below the meatus on one side to the corresponding point on the other. The raw surfaces were brought together, and kept together by means of quilled sutures. This patient was dismissed as having recovered. (*Med. Times and Gazette*, Feb. 26, 1876), Dr. Protheroe Smith speaks of having used a pelvic band in the treatment of uterine versions. The main feature of his appliance is that it forms an artificial skeleton, and so supports all the chief *points d'appui* by which the complicated muscular systems engaged in the acts of expulsion harmonize and effect their purpose. As regards the choice

[1]Since finishing this article I find just published in the Boston *Medical and Surgical Journal*, vol. cxi., p. 394, October 23, 1884, the fact alluded to by Dr. Fifield that in fœtuses and young infants the uterus is anteflexed and bent to the left.

of pessaries, Gaziel's air ball or air ring is often of benefit. I have mentioned having used Hodge's pessary; this I have found as good as any. Otto's spiral pessary I have often used, it is useful in cases of a temporary treatment. Graily Hewett's ring pessary is highly praised by many. It consists of a copper wire ring coated externally with gutta percha or soft rubber. The wire is of various diameters, and can be moulded into any shape the case may require. It is suitable for cases of anteversion, retroversion and prolapse. Thomas's anteversion and retroversion pessaries are often of benefit—I have used both with seeming advantage. From time to time many surgical operations of a heroic nature, such as the removal of the cervix, the entire uterus, the narrowing of the vagina, have been undertaken for the relief or cure of obstinate cases, but no operation is more satisfactory, in properly selected cases, for the relief of the distressing symptoms connected with uterine displacements, than the one undertaken for the restoration of a ruptured or deficient perinæum to its normal dimensions.

MEDICAL PROGRESS.

MATERIA MEDICA AND THERAPEUTICS.

EPILEPSY AND BROMISM. BROMIDE OF POTASSIUM. —Prof. Germain Sée, in *La Semaine Médical*, discusses this subject at considerable length. He considers first:

What is the part played by the potassium and the bromine in bromide of potassium? Since the investigations of Traube the effect of the potassium salts, particularly of the nitrate, upon the heart has become recognized. The heart, after a short period of excitement, undergoes a certain degree of inhibition with diminution of the blood pressure; hence the conclusion that all the salts of potash constituted the true therapeutic method. But experience has shown that the chlorate, nitrate, and iodide of potassium are all perfectly inert in the treatment of epilepsy. It is therefore proven that potash in general, no matter in what dose it is given, does not possess the slightest therapeutic influence in epilepsy.

Another view of the action of bromide of potassium is to divide its physiological action into two parts, recognizing on the one hand its effects upon the brain, the spinal cord and the skin as of a special nature, and on the other, its effects upon the circulation, respiration and heat, as of a general nature and alkaline in its origin. The latest researches of Krosz show that in man the whole action is due to the bromine, while in animals the amount of bromine that can be taken as bromide of potassium without producing the slightest effect is enormous.

A third view not only removes all curative properties from bromide of potassium, but gives to it a baneful influence upon the heart, an intoxication of the heart. Here the effects of the bromism are attributed to the potassium, and another alkaline base is sought for, to replace the potassium, in order to avoid the dangers that might result from its constant use for months and years.

It is this theory that has given us bromide of sodium, bromide of ammonium, and the combining of the two with the inevitable bromide of potassium. The poly-bromides, notwithstanding their complex effects, are now very much in vogue on account of this potassiophobia. The ordinary dose of 6 grammes of bromide of potassium introduces but 2 grammes of potash into the system. Under other circumstances the stomach has never made the slightest objection to this amount. The 1½ grammes of potash to every 100 grammes of potato has never been suspected to possess a sedative action or injurious effect. To produce effects equivalent to 5 grammes of bromide of potassium, it is necessary to carry the dose of bromide of sodium to 10 or 15 grammes. So, to avoid a very uncertain danger, the risk is run of producing bromism. Injections of bromide of sodium into the blood of animals produces convulsions as with the potash salt. Bromide of ammonium is still more exciting, so that the three salts combined present no advantage over the bromide of potassium, which plays the third part in the polybromic mixture.

Absorption and dose. The bromine is readily and promptly absorbed by all the mucous membranes; in a few minutes it appears in the urine; it is true that it takes only two or three days to be thoroughly eliminated, therefore there is an imperious necessity for continuing its action without interruption; to omit a day occasionally or to diminish the dose is permissible, but to stop it altogether is dangerous. Professor Sée has seen patients where, the drug being stopped for several days in succession, convulsive attacks have recurred after an interval of a year or eighteen months. The bromine is eliminated in great part by the kidneys, very little by the salivary glands, still less by the stomach, and these organs are but little influenced by the drug. The respiratory mucous membrane and the skin, on the other hand, are deeply impressed by the elimination of bromine. The pharyngeal mucous membrane becomes the seat of a painful rasping sensation and of a very pronounced pallor, due to local ischæmia—and with a dose of 5 to 6 grammes the uvula becomes more or less completely anæsthetic. Voisin considers this a sign of saturation of the system—and as produced when 10 or 12 grammes have been taken, but individual characteristics in this respect differ so greatly that poisoning might occur before this symptom presents itself.

Woillez has tried to anæsthetize directly the palate by means of strong bromide gargles, but without success,—nor has touching the parts with the bromide itself proved efficacious. The bronchi become frequently the seat of marked irritation, from the passage of the bromine through the secretory glands; this bromic bronchitis results in a little irresistible cough, dry, or with but little expectoration, and is one of the most serious obstacles to the proper treatment of epilepsy. In one case the patient could never take more than one and a half grammes on

account of this cough. A combination of the bromide with morphia or atropia nullifies the effect of the bromide. There is no species of cough—that of whooping-cough, of hysterical cough, or of tuberculous cough, but what is aggravated by the use of this remedy.

With the skin there is shown the effects of slight bromism and of grave bromism. In the first there is acne, which appears early and which has its seat of selection on the face and chest. Arsenic given with the bromide seems to relieve this symptom. The kidneys are not modified but the urine contains an increased amount of chlorate of potassium, which leads to the supposition of an alteration of base and transformation in the blood into bromide of sodium. The salivary glands are often irritated to the production of an abundant and dangerous salivation, contributing not a little to the emaciation of patients. The gastro-intestinal mucous membrane is but little influenced; if pain is produced upon taking the salt, a freer dilution with water will act as a corrective. Neither dyspepsia nor constipation will follow its use.

The bromine is a vaso-constrictor. There are two principal useful qualities in bromide of potassium; the first is its vaso-constricting effect, the second its depressing influence on reflex action in general, and on the excitability of the cerebral cortex in particular. An attack of epilepsy commences with anæmia, resulting from the excitation of the vaso-constrictor nerves; the bromide is powerful against this transitory condition, but the attack continues and terminates by the hyperæmic condition which provokes vaso-dilatation; it is by its antagonistic or vaso-constrictive action that it proves efficacious, but not thus alone, it is also an energetic depressor, or so to speak, destroyer of the reflex excitability of the cortex cerebri, and of the cortex of the medulla, by means of which it prevents the onset of an attack, as well as arrests its evolution. Is there another vascular drug which can be compared to this. Ergot, which is also a vaso-constrictor, stimulates markedly the reflex action. Belladonna is a vaso dilator and stimulates the reflex action. Curare is of no comparison, it acts injuriously by paralyzing the vessels; while the nitrites of amyl or sodium have but an ephemeral effect and are impracticable from their toxic qualities.

The bromine restrains the exaggerated excito-motricity in epilepsy. Clinical cases as observed by several authors leave no doubt of this fact, but a recent experiment made by Albertoni furnishes a physiological proof which seems to be irrefutable and markedly applicable to epilepsies of cortical origin. In electrifying the cerebral cortex as exposed by the trephine, Albertoni produced partial and general convulsions; on administering 2 to 3 grammes of the bromide to the animal the electric excitability of the cortex diminished considerably, and became more marked as the use of the drug was prolonged; it seemed as if a resistance to the propagation of the stimulus to the psychomotor centres was developed by the brain saturated with bromine. This was then a true excito-motor paralysis, which was the more striking, as voluntary motion was intact. After discontinuing the use of the bromide, the brain regained its former excitability, and the electric stimulus recovered its convulsive force. Under the same conditions neither belladonna, atropia or curare acted other than to increase reflex sensibility.

Serious bromism. In his description of this, Prof. Sée details the same train of symptoms as given by various authors. He notes that the general decay is shown by a marked elimination of phosphoric acid and of urea, and has seen death from pneumonia in three cases, which he attributes to the excessive use of this drug. For its relief, he recommends a total cessation of the use of the drug for a considerable period, never to return to doses which have provoked cutaneous, respiratory or nervous bromism.

Mode of using the bromide. Here Prof. Sée adds what he considers as a complement and indispensable commentary to Hammond's work. The efficacy of the bromide rests almost exclusively in the depressive influence which this drug exercises upon the reflex action of the medulla and spinal cord. Therefore everything which might counteract this influence, which might stimulate the morbid excitability of these nervous centres, should be severely proscribed. Epileptics should be denied the use of alcoholic and vinous drinks, beer and carbonized waters; alcohol and carbonic acid gas stimulate markedly the excito-motor functions of the medulla. Coffee and tea, by virtue of the caffeine, produce habitually the same result. In smoking, the nicotine, by exaggerating the vascular action of bromine, by tetanizing the arterioles of the nervous centres, annihilates the useful effects of bromine. Violent gymnastic exercises, hydrotherapeutic remedies, particularly sea-bathing and cold douches, exercise injurious effects upon the attacks. It is the same with physical pain, moral emotions, and generic excitations. All active medication is proscribed, as purgatives, emetics, revulsives, cauterization, and particularly blood-letting.

Auxiliary means. Iron, particularly the tartrate of iron and potassium, 1 gramme per day, Fowler's solution of arsenic, 12 drops per day, sulphate of quinine, cod-liver oil and a residence in the country, moderate physical exercise and moderate mental labor. A proper use of the brain tends to prevent an exaggerated action of the medullary excito-motor power. The bromide does not depress intellectual force, which is generally normal between attacks, and sometimes highly developed. Cæsar, Mahomet and Petrarch were epileptics.

PILOCARPINE IN DISEASES OF THE EYE.—Dr. Caro (*Giomale Internazionale di Scienze Medicale, Recueil d' Ophthalmologie*) has published six cases of eye disease treated by the subcutaneous injection of pilocarpine. The diagnoses were: 1st, choroiditis exudativa, with opacity of the vitreous body; 2nd, exudative choroiditis; 3rd, posterior sclero-choroiditis; 4th, serous retinitis; 5th, serous retinitis, with consecutive opacity in the vitreous body; 6th, serous retinitis. A cure was effected in the first, fourth, fifth and sixth cases. In the second there was a very marked amelioration at the time of publication, and the disease had been completely arrested in the third.

Dr. Boucher comments on this with observations made at the clinic of Dr. Galezowski. In one instance a woman presented herself with some slight disturbances of vision. She was frightened because she thought it was a reappearance of an optic neuritis for which she had been treated, at the clinic, two years previous, with subcutaneous injections of pilocarpine. There was nothing there. On the ophthalmic examination, it was difficult to appreciate that the nerve had at that time gone through a period of inflammation, the only remaining evidence being a slight suffusion of the papillary borders. The patient asserted, however, that at her first visit to the clinic the sight of the left eye was almost completely gone. Recently Dr. Boucher saw a case of double optic neuritis, with a prominence of the optic nerve equal to + 8 diopters, yield to the action of pilocarpine, and the vision become reëstablished to a very satisfactory extent. He is perfectly satisfied of the value of pilocarpine in eye diseases, where there is an exudation or transudation to be reabsorbed.

Dr. Caro carried his injections generally to the number of sixteen, using each time a solution containing two centigrammes of hydrochlorate of pilocarpine.

THE ACTION OF CHLORAL IN ALBUMINURIA.—Burduzzi (London *Med. Record*) in 1878, noticed the good effect of chloral in albuminuria, recently confirmed by Dr. Wilson in the *Brit. Med. Jour.* His case in 1878 was that of a lady, suffering from insomnia in the last months of pregnancy, with dyspnœa, from general œdema of the legs and hands, and with highly albuminous urine, in which he ordered 2 grammes of chloral to be taken in two doses every evening. This treatment was continued for about twenty days with very good effects; sound restorative sleep was not only obtained, but the œdema disappeared, and the quantity of albumen in the urine was notably diminished. Labor followed in due course, and was in every respect normal, and the puerperium was free from any complication. Since then Burduzzi has always prescribed chloral in the last month of pregnancy, when there is much œdema, and the urine is scanty and albuminous, as a prophylactic against eclampsia. In a man, 45 years of age, affected by simple nephritis, chloral in doses of 3 grammes a day procured great relief in a short time, and the albumen almost entirely disappeared from the urine. In the so-called physiological albuminuria, chloral is also useful, as the author shows by the case of a man in whose urine albumen was almost constantly present. Burduzzi points out the need of more exact studies of the action of chloral on the renal tissue.

SURGERY.

ON THE TREATMENT OF ERECTILE TUMORS BY ELECTROLYSIS.—Dr. Delore (*Gazette Medicale de Paris*) gives the preference to electrolysis in the treatment of erectile tumors, because, 1st, it is precise in its operation—that is, it does not attack the healthy parts; 2d, it is sufficiently powerful to destroy the vessels and vascular cavities which have undergone a morbid development; 3d, the resulting cicatrix is comparatively slight. With a fine needle of gold the smallest and most delicate vessels can be reached. He calls attention to the fact that many surgeons do not make a proper distinction between the galvano-cautery and electrolysis. In electrolysis it is the electricity which decomposes, and not the heat; it is a disintegration of the tissues, more or less energetic, but still a decomposition. The acids which are electro-negative are developed at the positive pole, and the bases at the negative pole. At the positive pole an ebullition is produced, resulting undoubtedly from the discharge of carbonic acid; at the same time the erectile tissue becomes pale and blanched. This is due partly to the electric contraction of the vascular walls, and partly to the electric cauterization. At the negative pole the cauterization is less, hence the necessity for changing the needle of the positive pole more frequently. The success of electrolysis depends upon the use of an apparatus that acts with regularity, and Dr. Delore gives the preference to the Chardin apparatus, which acts by the aid of the bichromate of potash; the pile is in enameled porcelain of two compartments, and the liquid is in the lower compartment, while the zinc and carbon elements are in the upper; it acts when resting on its side, and has special openings for the discharge of gas to prevent the breaking of the porcelain.

Mode of Operating.—The operation being painful, an anæsthetic is desirable, except in children at the breast. The patient being placed in a suitable position, the two needles are introduced into the tissues, when bubbles of air are seen to disengage themselves from about the positive pole, and the needles are surrounded by a whitish aureole, which is due in part to the cauterization, in part to vascular contraction. Attention is first paid to the peripheral vessels, or those which are supposed to nourish the angioma. The needle is left *in situ* as long as it is desirable to sustain a rapid and energetic action; when the surface becomes completely white, it is removed. The object is not to destroy all the vessels definitely, as that would result in a complete eschar of the tumor, but rather to produce cicatricial islets as small and as numerous as possible, so that their retraction may exercise the stenosis and anatrophic action on the adjacent vessels. The operation lasts about five minutes. Often when the needle is removed rapidly from these sinuses or blood cavities, blood flows freely from the puncture; it is well then to remove the needle slowly, and with a twisting movement to assist in coagulating the blood.

Some little time after the operation the pallor of the surface of the nævus extends, and the circulation is reëstablished at all points where the electrolytic cauterization has not been effective. At these points a crust forms, swelling results, and in strumous subjects suppuration ensues. It is only in the case of large tumors that a slight febrile reaction is noticed. At the end of eight or ten days the swelling diminishes sufficiently to allow the operator to examine the

results of his work. Generally, at the end of fifteen days it is preferable to operate a second time, if necessary.

MEDICINE.

ON THE SPECIFIC GRAVITY OF THE ENCEPHALON.—Dr. Morselli, in the *Annales Medico-Psychologiques*, gives the results of experiments made upon forty-four cases of insanity, and finds that the specific gravity of the encephalon of the insane is generally greater than that of the healthy. The cerebellum and medulla oblongata of the insane possess a greater proportionate density than the cerebral hemispheres, compared to the healthy. In the warmer seasons of the year the cerebrum, and especially the cerebellum, are increased in their specific gravity. The specific gravity of the cerebrum and cerebellum in small brains of inferior weight is generally greater in proportion. The cerebrum and cerebellum of the female insane possess a less specific gravity than of the male insane, as in health, but in the insane it is less pronounced. In the male the specific gravity of the encephalon attains its maximum between thirty and forty years of age, in the female between twenty and thirty years. Mental alienation in general, and particularly in middle age, elevates the specific gravity of the encephalon. The greatest density is shown in epileptics and alcoholics; the least in phrenæsthenia and paralytic dementia. The chronic forms of consecutive dementia and of symptomatic delirium coincide generally with a specific gravity which is superior to that in the acute and typical forms of mania and of melancholia. The specific gravity is diminished in the chronic and degenerative secondary forms, extremely elevated in those which are dependent upon alcoholism or epilepsy. A marked elevation of specific gravity occurs where there is compression of the cerebrum by exudations, tumors, etc.; it is lowered in atrophic periencephalitis, diffused encephalo-myelitis, and where there is no compression exercised. The symptomatic insanity of acute diseases (lungs, kidneys, skin), shows an increase in the specific gravity; the insanity which results from the alterations of somatic consumption, and is chronic, as in cardiopathy, caseous or tuberculous pneumonia, shows a diminution of the specific gravity of the encephalon. The density increases when there is a cerebral hyperæmia, and diminishes with anæmia. Induration of the cerebellum and medulla oblongata produces a lowering of the specific gravity; it is elevated in softening and œdema. (*Jour. de Med.*)

REFLEX ACTION OF THE DIGESTIVE ORGANS UPON VISION.—Dr. Rampoldi (*Annalidi Ottamologia Recueil d' Ophthalmologie*) describes several cases illustrating the reflex action of the digestive organs upon the visual apparatus, one of which is particularly striking. It is the case of a young girl, twenty-two years of age, who was taken suddenly with complete blindness of the left eye, followed three days later by a very decided amblyopia of the other eye. The patient had suffered for two years from tænia solium. An external examination of the eyes showed a mydriasis of the left eye, which was so marked as to appear as if atropine had been instilled repeatedly. The pupil was completely motionless to light. The pupillary dilatation was less on the other side, where a feeble reaction to light persisted. Visual acuteness was 0 on the left, greatly reduced on the right. On ophthalmoscopic examination ischæmia of the whole of the fundus of the eye, with increase in the size of the veins, was determined. The patient complained of lancinating pains at all the points of emergence of the branches of the fifth pair of nerves, and even at the point of emergence of the occipital nerve. Servellani's tænifuge (?) was administered. After two or three days there was marked amelioration of vision, which returned to its normal state in about five days. But the worm was only partly expelled.

THE IMPORTANCE OF OSSEOUS LESIONS AS A DIAGNOSIS, AND IN THE TREATMENT OF HEREDITARY SYPHILIS.—Dr. Somer (*Zeitschr. f. Geburtsh. und Gynækol.; Arch. der Tocologie*) gives under this head his observations in the examination of 43 fœti. The first question which he tries to answer is: Is the syphilis of bone an absolutely characteristic condition, to be met with in all cases of hereditary syphilis? May it not give rise to errors of diagnosis? *The characteristics of non-syphilitic bone.*—If a longitudinal incision of the bone be made, there is seen between the bone and the cartilage a delicate straight or slightly undulating line. It is so delicate that microscopically it appears as a simple line, and not as a special layer, with a low power this line is decomposed into a series of little bony projections, very fine, very numerous, crenated, and penetrating into the cartilage. This is the line of ossification. Above this line are seen the cartilage cells arranged in longitudinal series, this is the preparatory layer.

The characteristics of syphilitic bone.—The line of ossification forms a large layer, which carries absolutely irregular processes into the cartilaginous substance. In the bone are found islets of cartilage; in the cartilage, osseous plates in course of destruction. The epiphysis is either completely detached or there are deep clefts in the bone above the limit of ossification. By a low power, instead of the regular series there are great masses of cartilage cells, irregularly disposed, or in vertical series.

He divides his cases into three categories:

1. *The bone gives the perfect alterations of syphilis.* 21 cases. In all the spleen was enlarged. Of the fathers 11 were noted. One was not syphilitic, but his wife was syphilitic from her first husband, and she had two syphilitic children, the offspring of the second, 10 of the fathers had chancres, 3 ten years previously, 3, five years previously, 4, three years previously. Of the mothers 13 were, so to speak, healthy, and had never been under treatment. Four had been infected by their husbands, and four independent of the marriage state. The bones gave the perfect alterations of syphilis. The spleen and liver were always enormous in size. It made no difference in these cases as to the degree of the disease as to

whether one or both parents were infected, whether the primary chancre dated back one or ten years, whether there was or was not treatment, whether there were or not secondary symptoms, whether the child was too large or small. A number of the children were dead before the thirtieth week. The mothers could give no reason for the death of the children, or the premature delivery. In calculating the period of pregnancy, it was always more advanced than the weight of the fœtus would indicate.

2. *The bone presents syphilitic alterations, but they are not marked.* In one case of twin pregnancy, one of the children was macerated, with an enormous liver and spleen, and osseous alterations. The other child was fresh in appearance and showed nothing microscopically which could indicate syphilis. The mother said she had always been well and had already four living children.

In another case of twin pregnancy, both children presented enormous livers and spleens. One of these children was macerated, the other was fresh. In the last, the osseous lesions were so minute as hardly to exist. Nevertheless the child was syphilitic as it presented the bullæ of pemphigus on the skin, or abscess of the thymus and the microscopic alterations of the liver and spleen. In five other cases the spleen and liver were enormous. In these 9 children, three were born living but died in a few hours. These cases present a great analogy to those of the preceding category and presented simply the same disease to a limited extent.

3. *The bone appears normal.* There were 13 cases, in one the child was manifestly syphilitic, two others gave much enlarged spleens and livers. Ten others were born in a macerated condition but not syphilitic. The non-syphilitic fœtus differs in appearance from the syphilitic. It is more mummified, seems dried up, is brown and often covered by a sort of yellowish or cinnabar-reddish pigment. The syphilitic fœtus is œdematous, flesh-colored, with a disagreeable odor. From this he concludes that a normal appearance of the bone in a macerated fœtus, does not exclude the possibility of syphilis. The development of the liver and spleen allows of the conclusion of the existence of syphilis, notwithstanding the fact that the bone gives no proof. In the non-syphilitic fœtus we frequently find some particular defined circumstance which will explain the death of the fœtus, and the size of the fœtus corresponds to the period of pregnancy, which is not the case in the syphilitic fœtus. Finally, in the case of a syphilitic fœtus the placenta presents a weight which is relatively too great in comparison with the weight of the fœtus.

In answering the question: Can there not exist normally, sometimes, osseous alterations like those of syphilis? Dr. Somer has examined the bones of 21 embryos furnished from premature deliveries, caused by placenta prævia or induced delivery. He has never found anything analogous to that which exists in syphilis. Moreover, in the majority of cases the visceral alterations of syphilis coincide with the osseous alterations.

Finally, in concluding his article, he decides positively in favor of paternal syphilitic influence, as equal to that of the maternal syphilis, and he counsels anti-syphilitic treatment in all cases where women abort frequently even when there is no trace of syphilis.

ANATOMY AND PHYSIOLOGY.

THE INNERVATION OF THE PYLORUS.—L. Oser (*Centralbl.; Jour. der Med. Wissenschaften; Jour. der Med.*) has been conducting a series of experiments on curarized dogs, in the laboratory of Prof. v. Basch of Vienna. He introduced into the pyloric constriction, after twenty-four hours of feeding, through the stomach or duodenum, the myrographic forceps, in connection with the registering apparatus of von Basch, which shows the curves of contraction and relaxation.

Whether the vagi or splanchnic nerves were divided or left intact, it was found that the pylorus was the seat of contractions, differing in intensity, which succeeded each other in an irregular manner.

The excitation of the vagi nerves in the neck produced constantly a contraction of the pylorus, the intensity of which was in direct relation to the degree of excitation. The contraction sometimes followed immediately after the stimulus, sometimes it was marked by a longer or shorter interval of in some instances as much as seven seconds. The contraction was sometimes followed by a second one, resulting from a single excitation.

Excitation of the splanchnic nerves in the thorax, caused a cessation of the spontaneous contractions of the pylorus. The effect of a stimulus to the splanchnic was to develop progressively; it attained its maximum between the first and second minutes which followed the application of the stimulus, when the pylorus passed into a state of absolute repose and presented its maximum of dilatation, after which the influence of the splanchnics ceased gradually. Following this were new spontaneous contractions, feeble in the beginning, but at the end of three minutes they had regained their primitive intensity.

If the vagi nerves in the neck, and the splanchnic nerves in the chest were stimulated simultaneously, the inhibitory action of the latter showed itself only by a diminution of the intensity of the pyloric contractions. The maximum excitation of the splanchnic nerves, does not paralyze completely the effects of even the most feeble excitations of the vagi nerves. It is only when this simultaneous excitation is arrested that the effects of the splanchnics are fully manifested, after which, as has been stated, reappears the spontaneous contractions of the pylorus. If the vagi nerves are stimulated at the moment of manifestation of the effects of the excitation of the splanchnic nerves (period of complete repose), either no result follows, or but a feeble contraction is noted, and the action of the stimulated vagus nerve is shown only when this period of repose caused by the splanchnic nerve has ceased.

The left splanchnic produces this action with a sensibly greater intensity than the right splanchnic.

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THE EDITOR of this JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information, should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, DECEMBER 6, 1884.

THE INTERNATIONAL MEDICAL CONGRESS OF 1887.—The General Committee for the organization of the next International Medical Congress, consisting of twenty-five members, held its first general meeting in Washington, Nov. 29, 1884. Fifteen members were present and answered to the roll-call, viz.: Drs. J. R. Chadwick, of Boston; A. Jacobi and T. F. Rochester, of New York; J. M. DaCosta, S. Wier Mitchell, and I. Minis Hays, of Philadelphia; W. C. Van Bibber and C. Johnson, of Baltimore; J. S. Billings, U. S. A., J. M. Browne, U. S. N., and S. C. Busey, of Washington; N. S. Davis and H. A. Johnson, of Chicago; W. W. Dawson, of Cincinnati, and Geo. J. Engleman, of St. Louis. Dr. J. S. Thomas, of Savannah, Ga., also arrived to attend the meeting, but was, unfortunately, confined to his hotel by sickness. The absent members were: Drs. Austin Flint and L. A. Sayre, of New York; Geo. C. Shattuck, of Boston; H. F. Campbell, of Augusta, Ga.; T. G. Richardson, of New Orleans; D. W. Yandell, of Louisville; R. A. Kinloch, of Charleston, S. C.; L. C. Lane, of San Francisco, and R. P. Howard, of Montreal. The Committee was permanently organized by the election of Dr. Austin Flint, Sen., of New York, President; Drs. Alfred Stillé, of Philadelphia, H. I. Bowditch, of Boston, and R. P. Howard, of Montreal, Vice-Presidents; Dr. J. S. Billings, U.S.A., Washington, General Secretary, and J. M. Browne, U.S.N., Washington, Treasurer. An Executive Committee of seven members was appointed, consisting of the President, General Secretary, and Treasurer, with Drs. S. C. Busey, of Washington, Christopher Johnson, of Baltimore, I. Minis Hays, of Philadelphia, and A. Jacobi, of New York. A Finance Committee of five members was directed to be appointed by the President, subject to the approval of the Executive Committee. A liberal basis of representation for the election of delegates to the Congress by the various medical society organizations in this country, was adopted; and the work of the Congress facilitated by the establishment of eighteen Sections. The selection of officers of these several Sections was not completed, but left in the hands of the Executive Committee. If the error of selecting these mainly from the few large cities of the Eastern and Middle States is not committed, we think the preliminary work of organization will have been placed on a good basis, with a fair prospect that the proposed Congress will receive the enthusiastic support of the profession of the whole country.

THE ABSENCE OF FREE HYDROCHLORIC ACID IN STOMACHS DILATED FROM CARCINOMATOUS STENOSIS OF THE PYLORUS.—It is often difficult to differentiate between simple ectasis and other chronic disorders of the stomach, notably dilatation due to stricture of the pylorus from carcinoma. Here much, as regards prognosis, depends upon the differentiation of these two conditions. The diagnosis is rendered tolerably certain by a palpable tumor, pronounced cancerous cachexia, rapid emaciation, etc. There arise cases, however, in which the problem is by no means easy of solution, and hence, in Germany, where dilatation and cancer of the stomach appear to be not very uncommon, the subject of their differential diagnosis possesses great practical interest. In 1879, Dr. Van der Velden announced in the pages of the *Centralblatt f. d. Med. Wiss.*, page 664, that free hydrochloric acid is wanting in the ejecta of stomachs rendered ectatic in consequence of carcinomatous stenosis of the pylorus. The significance of this if found to be a fact, is at once apparent. To test this point, Dr. Kredel has conducted an elaborate series of investigations in thirty-six cases of gastric ectasis presented for treatment at his medical clinic in Giessen. His results are published in the *Ztschr. f. Klin. Med.* vii, page 592, and recapitulated in the *Centralbl. f. d. Med. Wiss.*, page 665, September 20, 1884.

Seventeen were cases of simple dilatation of the stomach, while nineteen were diagnosticated in life as cancer of the pylorus with stricture and consequent ectasis. The reagents used in the detection of free hydrochloric and lactic acids were "tropæolin," (a red dye) "methylviolet," (a blue dye), and according to Uffelmann's method the carbolate of the chloride of iron (*Eisenchloridcarbol*). This last test is

said to be both delicate and accurate, since a solution of the carbolate of the chloride of iron is turned from amethyst-blue to yellow by lactic acid when only of the strength of $^1/_{20}$ of one per cent., while hydrochloric acid of same strength changes the solution to a steel-gray color. If this latter acid be present in larger amounts, it completely decolorizes the solution. When both acids were suspected to be present at the same time, a speck of fibrin was subjected to the digestive action of the filtered portion of the vomited matters, this action being delayed if hydrochloric acid was absent. In every one of the seventeen cases of simple ectasis this acid was found to exist, the tests for its presence being frequently repeated through a number of months. It is interesting to note that in one case presenting extreme anæmia with consumption, in which the post-mortem examination revealed a circular ulcer of the stomach as the cause of the gastric disorder, that in this case the acid in question existed in the stomach notwithstanding the patient's having been supported by nutrient enemata. On the other hand, hydrochloric acid was not found in the nineteen cases of carcinoma with two exceptions to be referred to presently. The diagnosis was confirmed in five of these cases by an autopsy, whereas in the others all doubt was removed by the development of a palpable tumor, the cancerous cachexia and additional concomitant symptoms. In one of the five cases examined after death, hydrochloric acid appeared for one month, after having been wanting in preceding investigations; and during the month of its reappearance, the improvement in the patient's general condition was very perceptible. One other case, where, however, no post-mortem was obtained, also presented the acid for a limited time with visible amelioration of symptoms.

On the whole, therefore, the results of Dr. Kredel's researches are highly satisfactory, and go to verify Dr. Van der Velden's proposition. The two exceptions mentioned may be really regarded as equally confirmatory, since the reappearance of this normal acid of the gastric juice lasted for but a month. Dr. Kredel considers this subject one of great diagnostic and prognostic import. It is full of interest in many respects. It suggests two questions, viz.: Is this acid wanting in all cases of carcinoma ventriculi, whether located at the pylorus or elsewhere? How does the existence of carcinoma achieve the disappearance of the acid? Furthermore, the marked improvement associated with, and probably occasioned by, the reappearance of the acid is of practical interest as affording a hint for the medicinal treatment of these unfortunate cases. We trust some may be found among our countrymen who will emulate our German colleagues in their patient, painstaking investigations in this field.

NEW YORK STATE MEDICAL ASSOCIATION.—The very general interest felt by the profession in the progress of re-organizing the profession in the great State of New York in harmony with the society organizations of other States and of the Nation, has caused us to leave out some items intended for this number to make room for the proceedings of that Association, the address of its first President, and the letter of our New York correspondent. All our readers will be gratified with the marked success that characterized the recent meeting, and we hope all will give particular attention to that part of Dr. Didama's address relating to the relative importance of the study of therapeutics and the practice of medicine.

SOCIETY PROCEEDINGS.

PROCEEDINGS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

(*Continued from No. 22, page 610.*)

This fracture, he thought, was more common than was generally supposed; but its positive diagnosis was very difficult, if not impossible, and the object of the paper was to call attention to the danger of too much manipulation, as uncomplicated cases would get well without any treatment except rest. He presented a specimen in which the fracture extended in three directions and involved the os innominatum.

Dr. J. G. Orton, of Broome county, read a paper entitled, "A Case of Tubal Pregnancy, at Full Term, of Fourteen Years Standing—Autopsy." A spontaneous opening was formed into the rectum about four inches above the anus, and most of the bones of the fœtus had been withdrawn by this means when the patient died of diarrhœa, which was then epidemic in the neighborhood where she resided.

Dr. Nathan Bozeman read a paper on "A Case of Tubal Pregnancy, Considered in relation to Rupture of the Tube, Diagnosis and Treatment." The cyst ruptured on the 13th inst., but as the case was mistaken for one of pelvic hæmatocele by the attending physician, it was more than a week after the rupture that laparotomy was performed by Dr. Bozeman. The enlarged tube was removed and the hæmorrhage effectually controlled, but the patient died thirty-three hours after the operation.

Cases of extra-uterine pregnancy were referred to by Drs. Isaac E. Taylor, Arnold, Ross, Newmann and Squibb.

Dr. Charles S. Bull, of New York, read a paper on "Hydrochlorate of Cocaine in Ophthalmic Sur-

gery, in which he referred to its effects (1) in producing anæsthesia of the sensory nerves of the cornea and conjunctiva; (2) on the pupil and (3) on Accommodation. The drug he considered of inestimable value in the relief which it afforded the ophthalmic surgeon from the thraldom of ether and chloroform.

Dr. Mitchell spoke of the value of bromide of ethyl as an anæsthetic in ophthalmic surgery. Anæsthesia could be produced with it in two or three minutes, and he believed it was perfectly safe for short operations at least.

SECOND DAY—EVENING SESSION.

Dr. Frederick W. Putnam, of Brown county, read a paper on a "Case of Dislocation of the First Phalanx of the Thumb Forward."

This he considered a rare accident, as he had been able to find but few cases recorded in the medical literature of this country.

Dr. John P. Gray, Superintendent of the State Asylum, at Utica, read a paper on "Insanity—Preventive Measures."

He believed that there were a large number of cases of insanity which could be prevented if at the very outset they receive proper hygienic and medicinal treatment and were surrounded with proper mental influences. For sleepless conditions he considered wholesome food and tonics, with bathing, suitable exercise, etc., much better, as a rule, than hypnotics and narcotics, which might be productive of much injury.

Dr. Stephen Smith, of New York, read a paper on "Excision of the Knee in Preference to Amputation in Certain Deformities of the Leg."

This preference was founded both on the comparative safety of the operation, as shown by statistics, and the unquestionable advantage in point of usefulness, of a leg with an anchylosed knee-joint over a stump. The paper was dicussed by Dr. S. W. Gross, of Philadelphia, and Dr. Moore, of Rochester.

Dr. George T. Harrison, of New York, read a paper on "The Curette—Its Place and its Power in Uterine Therapeutics."

While many authorities were opposed to the use of this instrument, he believed it to be one of great value when resorted to with discretion, and he discussed the conditions in which its employment was called for, and the best method of employing it in appropriate conditions. For the removal of almost all soft growths within the cavity of the uterus, as well as the retained membranes, or other remains of the products of conception after abortion, it was of good service.

Dr. Frederick S. Dennis, of New York, read a paper on "The Relations between Tuberculous Joint Disease and General Tuberculosis."

He read the history and presented the specimens from a case in which he performed amputation for disease of the wrist-joint which was characterized by the presence of bacilli tuberculosis, and the patient afterward died of acute miliary tuberculosis. There could be no doubt, he thought, at the present day of the tuberculous origin of joint disease in a large number of cases, and he believed that tuberculous affections always spread from local foci.

Dr. Gross fully confirmed Dr. Dennis's views, and thought that an early operation was always demanded to save the patient from general tuberculosis. The disease was at first purely local, but was autoinfectious, and he thought that the analogy between it and cancer was almost perfect.

Dr. Wm. T. Lusk, of New York, read a paper on "The Management of Breech Cases in which the Lower Extremities are extended upward Parallel with the Body of the Child."

When the feet could not be reached by the hand without resorting to force, and it was impossible to hook the finger in the groin, the resort to instruments often became necessary. For this purpose he preferred the forceps to any other, especially with the tractors of Tarnier, and he did not believe that with proper care there was danger of doing the child any injury. After the forceps in point of usefulness he placed the fillet, and then the blunt-hook. If the child was believed to be dead the best instrument to use was the cephalotribe.

Dr. Thomas H. Manley, of New York, read a paper on "Women as Midwives," in which he advised the establishment of schools for the proper training of midwives, since statistics showed that one-third of the wives of the workingmen were never attended in their confinements and there was great room for improvement in the women now generally engaged in the work.

THIRD DAY—MORNING SESSION.

Dr. Flint offered resolutions, which were unanimously adopted, tendering congratulations and thanks to Mr. Andrew Corrigan for his gift of $50,000, to establish a pathological laboratory at Bellevue Hospital Medical College, and to Mr. Wm. H. Vanderbilt for his gift of $500,000 to the College of Physicians and Surgeons.

Election of Officers.—The following officers for the ensuing year, proposed by the Committee on Nominations were unanimously elected: President, Dr. John P. Gray; Vice-Presidents, Drs. W. H. Robb, of Montgomery county; J. G. Orton, of Binghamton; H. C. Green, of Buffalo; and J. C. Hutchinson, of Brooklyn. New members of the Council: First District, Dr. Wm. Gillis, of Franklin county; Second District, Dr. R. C. McEwen, of Rensselaer county; Third District, Dr. Frederick Hyde, of Cortland county; Fourth District, Dr. Darwin Colvin, of Wayne county; and Fifth District, Dr. J. W. S. Gouley, of New York county. President Gray appointed Dr. S. S. Purple, of New York, member of the Council at large.

Dr. Austin Flint, Sr., of New York, delivered an address on "Medicinal and Non-Medicinal Therapeutics," in which he painted with pleasant satire the pharmaco-maniacal doctor, who was carried away with every new remedy that was advertised in the market, and his opposite extreme, the skeptical doctor, who did not believe in drugs at all. Much more, however, could be accomplished without the aid of medicines than was generally supposed, and though it was now much harder to withhold these than to give them, he thought the time was approaching

when patients would be content to accept the physician as a general counsellor, and not feel aggrieved because he entrusted them to the healing power of Nature when drugs were likely to be harmful rather than beneficial. In speaking of non-medicinal agents, he dwelt for some time on the use of alcohol, which he regarded as a very valuable agent in disease, not only as a stimulus, but as a food, a germicide, and an apyretic. He also spoke of the phrase "catching cold" as something of a bugbear handed down from the past. The prejudices against fresh air and ventilation in the sick-room, which Sydenham was the first to combat, still continued to a certain extent, but it was well to remember that but few diseases really proceeded from cold, and especially that a fever patient never catches cold. In conclusion, he spoke of the beneficial influence which the physician could bring to bear on the mind of the patient, and said that a reliable work on mental therapeutics was a desideratum in medical literature.

Resolutions of Sympathy for Professor Sayre.—Dr. Gouley having announced that on account of illness Dr. L. A. Sayre would be unable to give the demonstration at Bellevue Hospital which had been set down in the programme, Dr. Flint offered resolutions, which were unanimously adopted, to the effect that the Association tendered to him its deepest sympathy on account of his prolonged illness, with the earnest hope of his speedy recovery. A vote of thanks was passed to Dr. Gouley for his indefatigable services on behalf of the Association, and in making the present meeting such a success; after which a brief address by the President-elect, Dr. Gray, who was introduced by Dr. Didama, was made.

AFTERNOON SESSION.

Dr. Gaston Griswold, of New York, read a paper on "False Albuminuria." This, he said, included two classes of cases: *First*, those in which the urine does not contain albumen, but a precipitate resembling albumen under ordinary tests; and, *second*, those in which albumen is present in the urine, but does not come from the kidney. The substances giving precipitates resembling albumen were the phosphates, mucus in excess, uric acid, peptones, and resinous drugs like copaiba, and he described in detail the means of differentiating them from albumen. Albumen in the urine not coming from the kidney might be due to blood, pus, and prostatic or spermatic fluid.

The following papers were read by title: "Commonsense *versus* Hypothetical Medication in Treating Chronic Diseases," by Dr. Jonathan Kneeland, of Onondaga county; "Cerebral Epilepsy," by Dr. C. F. Macdonald, of Cayuga county; Report of a Case of Gunshot Wound of the Stomach—Recovery," by Dr. John H. Hinton, of New York; "Stretching of Nasal and Supra-Orbital Nerves in Ciliary Neuralgia," by Dr. C. E. Ross, of Chemung county; "Organic Disease of the Brain not a Constant Factor in Insanity," by S. T. Clark, of Niagara county; "Supporting the Perinæum in the Act of Parturition," by Dr. Jacob Hartmann, of New York.

Dr. Samuel W. Smith read a paper on "The Early Use of the Knife in Nævus of the Cavernous Angioma Variety as Contrasted with other Modes of Operation for Removal." He preferred the knife (with which he had also accomplished excellent results), as he had seen two cases in young children which nearly proved fatal from pyæmia, after operations with needles.

Dr. E. G. Janeway, of New York, read a paper on "Abscess of the Liver." The difficulties of diagnosis and the methods of treatment were illustrated by seven cases which he had met with during the past year. Four of the patients recovered and three died. Three were operated on, and in one instance the abscess opened spontaneously. In the etiology he thought traumatism was a more frequent factor than was generally supposed, and that it was very likely to be overlooked.

Dr. J. Lewis Smith read a portion of an elaborate paper on "Diphtheritic Croup." In the treatment he relied principally on inhalations of turbid lime-water to which 1½ per cent. of liquor potassæ had been added. He also spoke well of a new solvent for fibrinous exudations, tripsin, which was largely contained in *extractum pancreatis*, and he advised that the pancreatic extract should be added to the alkaline inhalations. Time did not permit him to speak of the bichloride of mercury.

Dr. J. P. Garrish, of New York, said he had obtained excellent results with the latter, giving five drops of a solution containing one grain to the ounce every hour to a child two years old, and Dr. Moore had been very successful with the insufflation of bicarbonate of soda, and Dr. Rochester had used with success insufflations of one part of iodoform to two of bismuth.

Dr. Austin Flint, Jr., of New York, read a paper on "Typical Cases of Diabetes Mellitus not before Reported."

These were additional to the fifty cases a report of which he had read at the last meeting of the American Medical Association; and which had been published in the JOURNAL of the Association of July 12, 1884. In one the prognosis was bad, as the patient for a year when the disease was at its highest had indulged in the inordinate use of sweets, and the case was also complicated with renal difficulty. In the other three the sugar had at once disappeared under the use of anti-diabetic diet and Clemens's solution of arsenite of bromine, and had never reappeared. The ages of the patients varied from 15 to 59 years.

Dr. T. W. Ross, of Chemung county, read the report of a "Case of Rupture of the Uterus," in which the entire fœtus (a full grown child at time), membranes and placenta escaped into the abdominal cavity; constituting the second case of the kind on record, so far as he had been able to discover. Specimen exhibited.

Dr. R. B. Bontecou, of Rensselaer county, exhibited a patient who constituted a "Case of Conservative Surgery." The man had received a gunshot injury of the shoulder-joint. Resection had afterward been performed, as much of the periosteum as possible being left, and several inches of the humerus had afterward been restored by nature.

Dr. J. W. S. Gouley, of New York, read a paper on "A Case of Ligature of the Primitive Iliac Artery for Diffuse Aneurism of the External Iliac Artery." The patient died on the 19th day, of pyæmia, and Dr. Gouley regretted that he had not applied a second ligature and opened the sac, in which case he thought the man's life would have been saved. The case was discussed by Drs. Moore, of Rochester; Fifield, of Boston, and Nancrede, of Philadelphia. The Association then adjourned.

In the evening the Fellows residing in New York county entertained the Association at a banquet at the Murray Hill Hotel, and on the day following, after seeing the exhibition of bacilli and surgical cases and operations at Bellevue Hospital, went on an excursion to the hospitals and other institutions on Blackwell's, Ward's and Randall's Islands.

CHICAGO GYNÆCOLOGICAL SOCIETY.

Regular meeting of the Chicago Gynæcological Society, at No. 535 Washington Boulevard, the President, H. P. Merriman, in the chair.

Dr. Edward Warren Sawyer opened the discussion on the "Treatment of Abortion." Dr. Sawyer called attention to the frequency of the interruption of pregnancy before fœtal viability. Madame La Chapelle says abortions are as frequent as labors at full term. The experience of the profession opposes this generalization. In his own practice, extending through a period of ten years, he had only seen from forty to forty-five abortions. As illustrative of the wonderful conservation and care of nature in these cases, he had never met with a fatal case in his own practice, and had seen but one fatal case in the practice of his medical brothers. This fatal case was complicated by cellulitis and pneumonia.

As to causation, abortions are divided into two classes: (1) those occasioned by natural processes; (2) those induced by accidental or intentional violence. The former class usually terminate favorably; the latter class are the *bete noir* of the physician. It is a matter of medico-legal interest, that in abortions resulting from natural processes, *i. e.*, fatty degeneration of the decidua, the ovum and decidua are expelled, as a rule, in an intact condition, while in criminal abortion, the product of conception is expelled in a more or less mutilated state. When the ovum has been mutilated, the embryo is extruded from the cavity of the uterus, before the fœtal envelopes and decidua, and is frequently lost. Moreover, the embryo, so late as the fourth month, may be completely aborted. The absence of the fœtus cannot be regarded in the differential diagnosis of abortion, molar pregnancy, or intra-uterine fibroids. Two distinct courses, as to the treatment of abortion, have been adopted by the profession. The radical method of immediate evacuation of the contents of the uterine cavity, and the plan of patient waiting have been, in turn, defended and opposed. Dr. Sawyer has followed the expectant mode of treatment. He waits and allows nature to effect the expulsion of the product of conception. He has waited as long as one week. He has been encouraged in this line of treatment, by the fact that he has never seen any untoward consequence in the cases managed in this manner. He enjoins absolute rest in the horizontal position, and the exhibition of quinine and alcohol, as required. Local treatment, apart from the vaginal tampon, is limited to vaginal injections of chlorinated soda. He has never noticed hæmorrhage or inflammatory action as the result of this course of action. He objects to the removal of the whole or part of the product of conception from the uterine cavity, because, (1) it is a painful procedure, involving the use of ether, and predisposing to hæmorrhage from uterine inertia; (2) an assistant is necessary; (3) the amount of unavoidable injury to the genital tract is considerable.

In conclusion, Dr. Sawyer exhibited an unusual specimen. The specimen consisted of an intact, amniotic sac, enclosing a five months' fœtus, with filamentous insertion of the umbilicus cord. Separation had occurred between amnion and chorion, the chorion, placenta, and decidua remaining within the cavity of the uterus. He had been called to see the woman, five months advanced in pregnany, who was suffering from uterine contractions and hæmorrhage. After a brief interval the specimen presented to the Society was expelled. Noting the intact condition of the amnion, Dr. Sawyer paid no further attention to the mass, told the woman to fear no more trouble, and went home. Next morning, upon visiting his patient, he was informed that one hour after his departure, under renewed hæmorrhage and uterine contractions, another mass was expelled. The second mass proved to be the chorion, placenta and decidua. A medical friend, Dr. Albert G. Paine, had observed a strictly similar case.

DISCUSSION.

Dr. W. W. Jaggard said separation between the amnion and chorion was relatively infrequent during the sixth and seventh months, but was not uncommon prior to that period. In regard to the treatment of inevitable abortion when the ovum was expelled in an intact or mutilated condition, and decidua or portions of the fœtal membranes remained within the uterine cavity, it was necessary to regard the natural history of the condition. This condition had been appropriately termed by Breslau "incomplete abortion." The terminations are briefly:

(a) Spontaneous elimination of that portion of the product of conception remaining within the uterine cavity, as the result of retrograde metamorphoses, accompanied by intermittent hæmorrhages and uterine contractions.

(b) Sometimes, though seldom, hæmorrhage ceases entirely, and the patient is apparently well. This interval varies from a few days or weeks to months. Suddenly hæmorrhage and pain occur and the intra-uterine mass is expelled. This retention, with a long interval of rest, is noticed when the placental or decidual attachments are intact. That this act constitutes the termination of the labor, so to speak, is apparent from the facts, that the milk secretion is usu-

ally established at this time, and the reductive metamorphosis is instituted.

(c) More frequently the retained decidua or placenta undergoes suppurative or ichorous changes, as the result of which systemic infection is liable to occur despite the thrombosis of the uterine sinuses, and the proliferative change in the uterine mucosa.

(d) The retained placenta or decidua may become converted into placental or fibrinous polyps—conditions which always require operative interference. All four terminations present sources of danger to the mother. From this glance at the natural history of the condition, for the elucidation of which Spiegelberg deserves especial recognition, the weight of evidence lies in favor of the so-called radical treatment. Empty the cavity of the uterus at the earliest possible period. The plan recommended by Dr. Mundé, in the February number of the *American Journal of Obstetrics*, 1883, was worthy of high commendation. One finger within the uterus, one hand on the fundus was preferable to instruments, when equally effective. The subsequent treatment was one of extreme importance.

Whenever the cavity of the uterus is invaded by the finger, or any instrument, it must be irrigated by some antiseptic solution. Two per cent. solutions of carbolic acid, or one to two thousand of the bichloride of mercury, are efficient in the destruction of conditions favoring decomposition and sepsis. After irrigation of the cavity of the uterus, it was a good plan to introduce within the uterus a *bacillus* of powdered iodoform, weighing at least six grammes. Symptoms of iodoform intoxication rarely, if ever, followed the exhibition of this quantity. Ten grammes are usually required to produce toxæmia.

Dr. Philip Adolphus said that abortions were more frequent among multiparæ than primiparæ. In the way of prophylactic treatment, he thought women ought to sleep by themselves during the time corresponding to their menstrual periods. Among the upper classes in Europe, it is customary for man and wife to sleep in separate beds. He thought it an excellent plan. When abortion was inevitable, the treatment must be symptomatic. To arrest hæmorrhage, plug the cervix, not the vagina. Use tupelo, or laminaria tents, not those composed of sponge, for obvious reasons.

Use these tents. When fetor is noticed, empty the uterine cavity. For this purpose, either finger or curette might be employed.

Dr. D. T. Nelson said the dangers from abortion were (1) hæmorrhage, (2) sepsis, (3) inflammation. Rest and opium were not sufficient. He could not rest until the uterine cavity was empty. He had no sympathy with the expectant plan of treatment. The manner of emptying the uterine cavity was of importance. If the cervix was dilated, or dilatable, the cavity should at once be cleaned out with the finger. If the cervix was not dilated, nor dilatable, the cervix ought to be plugged in the manner indicated by Dr. Adolphus, with tupelo or laminaria tents. If the cervix was partially dilated or dilatable, and the uterus fixed, give an anæsthetic, relax the spasm, and proceed as in the first case. He had no fear of ether predisposing to uterine inertia. In dissecting off the placenta, it was advisable to glove the finger tips with the amnion. In the early months, when the ovum was attached near the cornua, it was necessary to bear in mind the possibility of irregular contraction, and the inclusion within either cornu of a bit of the placenta. The cornua must be thoroughly explored. When he employed intra-uterine irrigation—by no means an invariable method of treatment—he used a ½ per cent solution of carbolic acid, or a dilute solution of ordinary table salt. The solution must be hot, 110° to 120° F. Hot water, in the absence of carbolic acid or salt, was effective as a cleansing agent, and as inducing uterine contractions. Dr. Nelson had had no experience whatever with iodoform, but regarded it as superfluous in all cases.

Dr. Wm. E. Clarke was more afraid of hæmorrhage and sepsis than of inflicting injury upon the genital tract. He always emptied the uterine cavity at the earliest possible period.

Dr. T. D. Fitch did not consider Dr. Sawyer's specimen a rare pathological occurrence. He had seen the same separate at the same time frequently. He agreed with Dr. Nelson in treatment. Still, when the cervix was not dilated he was disposed to pursue the expectant line of treatment. At the time of the occurrence of abortion the uterus was in a physiological condition; operative interference at a later period was attended by increased risk, as the uterus was then in a pathological state. Usually he found the placenta and membranes detached within the lower segment of the uterus. As he had a large hand with short fingers, he employed the placental forceps of Hodge, Dewees, Elliott and Roler. Once in the country he used an ordinary pail bail, with the rough edges filed off. He was not in favor of intra-uterine injections. The vaginal douche was sufficient.

Dr. Wm. H. Byford said that abortions were more frequent in large cities than in the country. Madame La Chapelle's estimate of the frequency of abortion was not exaggerated when applied to large communities. In the country he thought one abortion to three labors at term represented a fair average. Abortion was never a physiological process, although abortions from disease of the ovum were attended with less danger than those resulting from morbid uterine changes. In disease of the ovum, the circulation was impaired, the embryo perished, and expulsion followed with the minimal degree of hæmorrhage, pain and sepsis. When the cause of abortion was external violence, or decidual endometritis, danger in each of these three directions was increased. The specimen exhibited by Dr. Sawyer, was of rare occurrence at so late a period; it was comparatively common during the early months.

As regards the prophylactic treatment, he had observed two clinical facts in connection with the habit of abortion. Where uterine contractions were the prominent symptoms, abortion could be arrested in many cases by absolute rest and opium. Where hæmorrhage was severe, all attempts at arresting the process were usually futile. This was especially true during the first three months. At a late period even

when hæmorrhage was slow, abortion might be arrested.

In regard to the treatment of inevitable abortion, he had never seen the time when champions of the expectant and radical courses of action did not exist. The treatment must be governed by the consideration of the individual case. In any case, the patient must be carefully watched. He had never seen a case of abortion terminate by immediately fatal hæmorrhage. The acute anæmia, however, might induce a condition which would render the woman more susceptible to sepsis, or any intercurrent disease. He feared sepsis and metro-peritonitis more than hæmorrhage. He was conservative as to operative interference. Let nature do what she can; only in case of failure on her part, interfere. The finger was preferable to any instrument. Then it was not necessary to insist upon the removal of placenta or membranes with mathematical accuracy. If the placenta was grasped by an irregularly contracted uterus, cut off the free portion, allow the rest to lie in the uterine cavity. If two-thirds of the placenta were removed, and the uterus well contracted, the case was to be considered in a safe condition. In event of sepsis, remove all the intra-uterine mass.

Dr. John Bartlett stated that in his practice abortions were as frequent as labors at term. The product of conception was usually expelled in its integrity. When abortion was inevitable, two conditions were required before operative interference was justifiable: (1) Dilatation of the canal of the cervix to the extent necessary for the passage of two fingers; (2) the separation between decidua and the uterine mucosa must be more or less complete. Until these conditions were present, the vagina ought to be tamponed. For a tampon he was in the habit of employing bits of cotton, tied on a string, in the manner of the kite-tail.

He had seen two cases in which the placenta had remained for a long period of time within the uterine cavity without causing symptoms. The retention in one case lasted through a period of three months; in the other case the period was four months. As to the length of time the tampon could be left *in situ*, he had adopted Dr. DeLaskie Miller's rule of allowing it to remain twenty-four hours. He had frequently tamponed through three days. The colpeurynter of Braun was a useful tampon. No tampon was effective when the hæmorrhage was not of a passive character, and uterine contractions were severe.

It was necessary to diagnosticate between placenta prævia and abortion. Placenta prævia implied simply an *error loci* of the ovum. It was included between the ring of Baudl and the external os. Dr. Bartlett had never seen a case of abortion terminate fatally from hæmorrhage.

Dr. A. H. Foster had seen one case of retained placenta, in which the retained mass gave origin to no serious symptoms for a period of four months. The importance of subsequent treatment of the puerperium was urged.

Dr. E. C. Dudley referred to the dangers of cervical laceration, and subinvolution, in consequence of abortion. The best method of applying the tampon, was by means of Sim's speculum.

Dr. C. W. Earle occupied the middle ground between the expectant and the radical methods of treatment. He did not agree with Dr. Mundé.

Dr. H. P. Merriman, after indorsing Dr. Byford's remarks on the ætiology of the condition, said that he did not like to use ergot in these cases, as it caused irregular contraction of the internal os, imprisoning the placenta, without favoring its expulsion. He produced uterine contraction by dilating the os, and then followed the expectant plan of treatment.

Dr. E. W. Sawyer, in closing the discussion, said that he had observed abortion in the lower animals, and concluded nature required little interference. He then briefly sketched the line of expectant treatment which he was in the habit of recommending.

Dr. John Bartlett then exhibited some casts of the pregnant and non-pregnant uterus for the purpose of class illustration. The idea is an extremely ingenious one and will receive attention at an early period.

The Society adjourned to meet Dec. 19, at the residence of the President, Dr. H. P. Merriman, No. 1350 Michigan avenue.

Subject for the discussion, "Extra-uterine Pregnancy;" to be introduced by Dr. Wm. H. Byford, by a paper "On a Case of Interstitial Pregnancy."

W. W. JAGGARD, M.D., *Editor.*

2330 Indiana avenue, Nov. 22, 1884.

FOREIGN CORRESPONDENCE.

BERLIN LETTER.

BERLIN, November, 1884.

There seems to be a somewhat divergent opinion among professors and students as to the necessity of matriculation. On the whole, however, it is better to do so, as it gives one a much greater license and independence. To this end a *passport* is absolutely necessary. A *diploma* will not suffice. As preliminary to the ordeal one must go to the *Registrar*, and obtain a ticket which permits him to appear before the Rector in the Senate Chamber, at a certain hour upon a certain day. At the hour specified he presents his passport, and his credentials are issued upon payment of 18 marks. His student card is sufficient guarantee to the police, as his passport is retained by the Academy until the close of the semester.

The academy exercises surveillance over all of its students, none of whom can be arrested for cause or confined by the police, as the college provides cells for imprisonment. Among very many papers received upon matriculation, is the "Anmeldungs-Buch des Studirenden," etc., in which the student enters the list of studies he may wish to follow, the other columns being devoted to the Quæstor's financial entry, to the number of the student's seat in the auditorium, the signatures of the Docent, date of announcement, etc., etc. For the list of lectures, the hours, and places where such lectures are held, the student must provide himself with the "Verzeich-

niss der Vorlesungen" which can be had at any book store for a few pfennigs. Having selected and entered such studies as he desires, he will next apply to the Janitor for a ticket (Karte zum Belegen der Vorlesungen in der Quæstorei), which gives him the privilege of paying to the Quæstor, or Treasurer, upon a certain day, the small fixed sum for the public lectures which he has elected. For private courses he must apply directly to the professor himself. In Gynæcology, Dr. Landau gives an excellent course (private) at 40 Lottringer Street, 2d floor, on Tuesdays and Saturdays, from 11–1 o'clock. Price, 50 marks.

He has lately had an exceedingly interesting case of hysterical hemianæsthesia, the notes of which he has consented to give me.

Dr. Martin holds private clinics for medical men on Elsasser street, No. 85, but as the number is limited, it is necessary to secure a seat sometime before the beginning of the term. His lectures for students are held in the same building from 1 to 3 o'clock. Dr. Schroder's clinics are in the hospital on Artillerie st. Dr. Gusseron has clinics on obstetrics in Charite and on Ziegel street. Drs. Veit, Hoffmeir (Asst. to Dr. Schroder) and Dr. Wyder, give Gynæcological clinics. Dr. Mayer on Puerperal Fever. Indeed, the opportunities for the gynæcologist in Berlin are probably greater than in any other city in Europe. Dr. Hirschberg is extremely popular among the eye students. He has his clinic on Karl street, and his command of English, together with his geniality and courtesy, attract students from all nations to his rooms. Dr. Schweigger's clinics are also well attended. Dr. Wolf and Dr. Fritsch give clinics in special pathology. And that *αναχ ανδρωγ*, Virchow, continues to draw his hosts from among all ranks. For operative clinics upon eye diseases, for gynæcology, for general pathology and electro-therapeutics, the university of Berlin offers large inducements to the student. For the obstetrician, Vienna and Munich are probably better, while Heidelberg and Strassburg are celebrated above all other places for special pathology and histology. It will take at least a month for the student to get settled, both as to living arrangements and clinics. For the system is complicated and clinics are held in all parts of the city. Without a good knowledge of German one can make very little, if any, progress. A great mistake is in attempting too much, or in the endeavors to accomplish certain aims within a given period altogether too short for its consummation. A man can learn very much here if he goes about it systematically, and manages his courses advantageously. The chances for original research and laboratory work are very good.

At the Medical Society meeting, Nov. 5, Prof. Virchow presiding, Dr. Behrend exhibited some rare forms of pigmentary skin disease. Dr. Friedlander discussed a paper on Diphtheria, which had been read at a previous meeting. He thought that pepsin had little or no influence upon the course and severity of the disease. Prof. Virchow lectured on a "Rudimentary Tail" before the Anthropological Society. A wonderful man he must be who can cope so successfully with so many diverse subjects, including politics. A man may eat pork here in comparative safety. At the slaughter houses every pig is numbered and so is the pen in which he is placed. Twenty-four sections of this animal all bearing his number are examined by experienced microscopists, male and female, who have been employed for years in this routine and have become wonderfully expert. It requires practice to detect trichinæ readily—and I saw some very beautiful specimens—any doubtful case is referred to the microscopist in charge. It would seem to be impossible for diseased pork to escape detection.

Dr. Gusseron tells me that there are about 1,200 cases of labor a year at Charite, and about 800 outside of the hospital which are attended by the students under the direction of his assistants; at the polyclinic, No. 51 Luisen street, under the direction of his 3d assistant, and which has special direction over the ambulance system, there are treated over one thousand gynæcological cases annually. I saw two cases of acephalous monsters, one of premature delivery, due to syphilis, and one of spontaneous delivery of a fœtus with rachitis and hydrocephalus. There was one woman, with a contracted pelvis, in whom labor was being induced. In a previous confinement the cephalotribe was used. There was also a case of Emmet's operation well on to recovery, two ovariotomies, one laparotomy, and four amputations of the vaginal portion of the cervix, all convalescing. Dr. Gusseron has removed the uterus through the vagina with very fair results, but Freund's operation is never resorted to. He thinks we operate too often in the United States. His private clinic from 9 to 10 is very enjoyable, and the one from 3 to 4 is always crowded.

He showed me with evident satisfaction a room devoted to cases of puerperal septicæmia, which at the time was *empty*. As a fair sample of daily work for the gynæcologist we will take Saturday, Nov. 8. From 9 to 10 in the morning at Charite, there were dressings made to Emmet's operation, to two perineal lacerations, and to the stumps remaining from amputations of vaginal cervices. First of all, before the dressings were removed, the external genitals were washed with carbolized water; then after removing the dressings, the vagina was washed out with the same antiseptic; iodoform powder was blown from the insufflator over the parts, and iodoform gauze tampons packed in. These dressings were all attended to by an assistant. Dr. Gusseron then removed both ovaries for papilloma. The room was thoroughly permeated with the carbolic spray, the arms and hands of the assistants were washed in a bichloride of mercury solution, and all instruments were kept in carbolic water. Dr. Gusseron had made his diagnosis the previous day and its direct confirmation by the operation was flattering. He used about seven ligatures on both sides. The operation was completed within the half hour. There are so very few persons allowed to be present at these clinics that they are very valuable as affording rare opportunities of observation.

From here the student will go to Dr. Landau's clinic at 40 Lottringer street, which commences at eleven. Dr. Schroder's clinic is at 10 o'clock in Artillerie street, but that can be had daily, while Dr.

Landau's are only held twice a week. Here we find two cases of metritis, two cases of uterine catarrh, two cases of uterine hæmorrhage, one case of anteversion with parametritis and specific inflammation of the ovary, one case of laceration, and of vegetations in the uterus. The number of students is limited to so small a number, that each man can make his own examination. Dr. Landau believes largely in uterine injections and uses saturated solutions of iodoform with alcohol, and strong tincture of iron much more frequently and boldly than is our habit at home. He also uses pyrogallic acid in ectropion of the cervical mucous membrane, and believes that the operation for laceration of the cervix is performed far too frequently in the United States. These clinics are among the most popular given in Berlin. Dr. Martin's clinics are so thoroughly known and admired, that it is difficult to join a class. But his instruction is perfect, and the opportunities for personal observation unsurpassed.

After this there are two private clinics on Gynæcological Diagnosis, and a lecture from 4 to 5 by Prof. Gusseron, another private course in the evening from 6 to 7, on minor gynæcology. Dr. Schroder has operations almost every day, and his auditorium is so crowded that only a few can see what is going on. Dr. Welch, late of New York, and now of Baltimore, has gone to Munich for special work with Dr. Koch's former first assistant. Dr. Lucien Howe, of Buffalo, has been working up the subject of the action of cocaine. H. R. B.

LONDON LETTER.

LONDON, November, 1884.

Mr. Eiliott, vice-chairman of the Islington Board of Guardians, at a meeting of that body stated that on making inquiries the other day he found that at the Western Hospital of the Metropolitan Asylums' Board there was only one patient under treatment, whilst the officers' salaries, uniforms, etc., of that single hospital were costing the rate-payers £4,000 a year. Since then two other fever patients had been admitted, so that the hospital was now being kept open for three patients, at the cost of about £80 a week. Several members remarked upon the great extravagance of the Asylums' Board and waste of the rate-payers' money, in keeping the hospital open at such an enormous cost for two or three patients.

Dr. S. Rabbeth, senior Medical Officer of the Royal Free Hospital, in Gray's-inn road, died in that institution on Monday night, in consequence of a too-zealous devotion to a patient. On Friday week a child, aged four years, who was an in-patient suffering from diphtheria, it was found necessary, for the purpose of saving life, that tracheotomy should be performed. This was done by Dr. Rabbeth, and the obstruction not being removed, it then became necessary that some one should suck the matter through the tube. Dr. Rabbeth at once volunteered. The effect was that he relieved the patient very much for a time, but the child subsequently sank and died. Dr. Rabbeth some days afterward was taken with symptoms of diphtheria, and in spite of all treatment he gradually got worse and expired. Dr. Rabbeth was only in his twenty-eighth year, and was greatly respected.

Much has been heard during the last two or three years of the deleterious effects arising from the combustion of our open stoves, and remedies have been ardently sought in the smoke-abatement question. Probably, however, few have realized the beneficial action of the rain as a washing agent of the London air. During the last two years the Meteorological Council, through the coöperation of Dr. W. I. Russell, lecturer on chemistry at St. Bartholomew's Hospital Medical School, have been carrying out a series of experiments, having for their object the thorough examination of London rain. The principal impurities in the rain of our large towns are known to be sulphates and chlorides, and the amount of these salts present in the London rain has been systematically determined by Dr. Russell, and in a few cases other impurities have been looked for. Three principal stations were used for collecting the rain—one in the city at St. Bartholomew's Hospital, another at Upper Hamilton Terrace, in the northwest of London, and the third at Hackney. The rain collected at St. Bartholomew's was always more or less dirty from soot floating in it, and disagreeable to taste. The results at the three stations show that city rain contains twice as much impurity as that collected at the suburban stations, and that the impurities at all the stations are in the same proportion. If the city rain is diluted with very nearly an equal bulk of water, it agrees with the rain collected in the suburbs. But although the amount of impurity at the three stations differs largely, it varies but very little with regard to the composition. It was noticed that when the impurities were high or low at one station, they were similarly affected at all stations. The experiments indicate that the summer rain is more impure than the winter rain.

The total amount of salts at St. Bartholomew's was nearly three times, and at the other two stations nearly twice as much, in the summer as in the winter six months, and there is in the summer at each station an increase in the amount of sulphates over the chlorides. Dr. Russell attributes the principal cause of the increase of impurity in the summer to evaporation, and he considers the most probable explanation of the increase in the proportion of sulphates in the summer to the decomposition of animal and vegetable matter. The impurities are found to be much greater in specimens chosen at the early stage of a rainfall than after rain has been falling for some time, clearly showing the purifying effect of a good downpour. Experiments were also made with samples collected near Fordham, in Sussex, and on Dartmoor, which show the amount of sulphates to be immensely less than the case of London rain. Dr. Angus Smith several years ago attributed the large proportion of sulphates over the land to vegetable and animal decomposition, and thus pointed out why it was that sulphates should increase as we leave the sea. Dr. Russell gives it as his opinion that London

rain carefully collected is never acid, as is generally supposed, but if the rain is collected in an open vessel and left exposed for a considerable time, then the water will always be acid, the acidity arising not from being washed directly out of the air, but from acid washed out of the soot so abundantly present in London air. The experiments also show that a trace of arsenic is to be found in London rain, or rather in London rain and soot.

The French Railway Companies have made arrangements to run through carriages from Calais to the various health resorts along their Mediterranean coast. So that invalids leaving England will go right through from Calais without the necessity of changing stations in Paris.

Dr. Russell Reynolds delivered the Harveian oration to the Fellows and members of the Royal College of Physicians this year. Sir William Jenner presided. Dr. Reynolds said it was not of the "unavailing tears" that were shed nearly 230 years ago over Harvey's grave that it behooved him now to speak, but rather of the fact that nearly three centuries had passed since he became part of their college, and that only last year its Fellows repaired to his grave in Hempstead to do honor to his memory. Now they sought to do homage to the life of Harvey, looking at it in its three-fold aspect of moral, mental, and active energy. Harvey's work of discovery, like all great discoveries was not unprepared. He broke the shell, and there burst forth a new thing, a new thought, a new generalization. Harvey reaped much that he had not sown, but he sowed much that others after him might reap. Dr. Reynolds referred at length to the works of Harvey; to his forecasts in the matter of disease, to his suggestion that the force which converted sterility into fertility was one that pervaded the whole body, and might last almost indefinitely, to his writings on the circulation of the blood and its local variations; to his observations on the mysteries of generation, and to his character and conduct generally. The college he said by this annual oration, handed down to coming generations the memory of him from whom they had learned so much, and to whom their debt of gratitude was larger than they perhaps as yet could know. Dr. Reynolds concluded by saying that so long as the circulation was a recognized fact of science, his work would live.

G. O. M.

DOMESTIC CORRESPONDENCE.

NEW YORK, November, 1884.

The first annual meeting of the New York State Medical Association was an unqualified success in every way, and the inauguration of the noble project under such propitious circumstances certainly argues well for the future usefulness and prosperity of the Society. It was a notable gathering of representative men from all parts of the State, and there were in actual attendance nearly 250 out of a membership of 440, while there were also present delegates from the adjoining States, as well as from Massachusetts, the District of Columbia, the Province of New Brunswick, and the medical service of the Army and Navy. The Pennsylvania State Society was particularly well represented, and in the delegation from it were included a number of the most distinguished names in the profession in the city of Philadelphia. The amount of solid work accomplished at the meeting was remarkable, and a large number of the papers presented, as well as the discussions which some of them elicited, were of a very high order and permanent scientific value. Out of a total of fifty-four papers on the list, thirty-six were read by their authors, and the rest read by title. That the occasion was not merely one of social junketing, is shown by the large number of hours taken up by the sessions, by far the greater part of which were devoted to scientific work. Thus, on the first and second days of the meeting there were three sessions, lasting from 9:30 to 12:30 in the morning, from 2 to 5:30 in the afternoon, and from 7:30 to 10:30 in the evening; while on the third and last day there were sessions of equal length in the morning and afternoon, though none in the evening.

After all this close and continuous application to business, the Association was prepared to enjoy to the fullest extent the handsome banquet which was provided for them at the close of the meeting by the Fellows residing in New York. Among the guests at the entertainment were the Commissioners of Charities and Correction of the city, and on the day following, after the members of the Association had seen an exhibition of the various bacilli and some cases and operations of Professor Dennis at Bellevue Hospital, the Commissioners placed a steamboat at their disposal, and took them on an interesting excursion to the hospitals and other institutions on Blackwell's, Ward's and Randall's Islands, in the East River.

During the meeting, as will be noticed by a reference to the proceedings, it was unanimously resolved to at once commence the formation of a library for the Association, to be located in the city of New York, and to be paid for and maintained by voluntary contributions. In advocating this measure, Dr. Gouley, to whom the conception of the project was due, spoke of the desirableness of the Fellows residing in different parts of the State feeling that they had a home in New York, the headquarters of the Association, just as the non-resident members of a London club felt about their club in town, and it was proposed that such a home for the Society should be established in connection with the library. They would have to begin, of course, in quite a humble way, he said; but in the course of time it was hoped that a commodious fire-proof building would be secured, and to this end he advised that one-half of the money subscribed to the library should be put into a sinking fund. He mentioned that there was already a nucleus for a library in the Transactions of various Societies which had been presented to the Association, and that the use of forty medical journals would be furnished free of expense. Furthermore, he announced that several hundred dollars had been promised, and that he had every reason to be-

lieve that a suitable room for present needs would be gratuitously offered for the library.

As soon as Dr. William Gillis, of Franklin county, heard of the project, he said he would present between forty and fifty volumes of either the London or the Edinburg *Medical Journal*, whichever would be most acceptable; so that already the good work is progressing.

The successful organization of the Association with such a large and distinguished membership, and the brilliant results of the first annual meeting, are due to a very great extent to the energy and indefatigable labors of Dr. Gouley, who for many months has devoted by far the greater part of his time to the rallying of the profession throughout the State to the defense of the National Code of Ethics, and it was, therefore, a well-deserved compliment that the Association paid in tendering him the only vote of thanks that was given to any one connected with it during the meeting. It is probable that at the meeting next year it will be necessary, on account of the large number of papers that will be presented, to divide the Association into two or more Sections for the better accomplishment of its scientific work, sufficient time being thus secured for discussion; and a proposition to that effect will be reported on by the Council at the beginning of the session.

On one of the days of the Association meeting there occurred the most notable event of the fashionable season in New York, viz.: the marriage of the daughter of Mr. William Astor, and the mother of the bride commemorated the happy event in a very graceful way by treating all the inmates of Bellevue Hospital, or at least all who were able to partake of such solid viands, to a sumptuous dinner of roast turkey, fricasseed chicken, and all the vegetables of the season, with a dessert of plum pudding and mince pie. Another event of immediate interest which took place at the time of the meeting, was the laying of the corner-stone, with appropriate ceremonies, of the first crematory located in the vicinity of New York The structure is being erected at Mount Olives, within a short distance of Long Island City, across the East River, and it will be seventy-two feet in length by forty feet in width; the materials of which it is built being marble and brick, and the design that of a modified Greek temple. In the body of the building, on the ground floor, will be the chapel and offices, and the basement will contain, in the rear, the furnace, which will be constructed chiefly of fire-brick, and will be adapted to coke, with a regenerator. The incinerating chambers will consist of retorts, which will exclude all fuel and flame from contact with the body and from which the volatile products of the incineration will be carried into the furnace for recombustion, no smoke being visible or odor perceptible during the process. The basement will also contain a *refrigidarium*, where bodies may be kept for an indefinite period when desired, a *calidarium*, for cases of possible suspended animation, the high temperature of which will induce speedy evidences of life or death, as the case may be, an *ædicularium*, or urn room, and also a room for making autopsies in cases where this may be required. Twenty dead bodies are already awaiting incineration here, and it is expected the crematory will be completed by February next.

The correspondence between Mr. William H. Vanderbilt and Dr. John C. Dalton, President of the College of Physicians and Surgeons, on the occasion of Mr. Vanderbilt's magnificent gift to that institution, has only just been published. In his letter the donor says: "The health, comfort, and lives of the whole community are so dependent upon skilled physicians, that no profession requires more care in the preparation of its practitioners. Medicine needs a permanent home where the largest opportunities can be afforded for both theories and practice. In making up my mind to give substantial aid to the effort to create in New York City one of the first medical schools of the world, I have been somewhat embarrassed as to the manner in which the object could be most quickly and effectively reached. It seems wiser and more practical to enlarge an existing institution. which already has great facilities, experience and reputation, than to form a new one. I have, therefore, selected the College of Physicians and Surgeons because it is the oldest medical school in the State and of equal rank with any in the United States." With the letter to Dr. Dalton was inclosed the deed of twenty-nine city lots purchased at an expenditure of $200,000 and a check for $300,000 for a building fund. It is not often that a member of our worthy but not ordinarily opulent profession has the opportunity of holding in his hands the equivalent of half a million of dollars. P. B. P.

NECROLOGY.

BEMISS, SAMUEL MERRIFIELD, M.D., of New Orleans, La., born in Nelson County, Ky., Oct. 15, 1821, died suddenly at his residence, New Orleans, Nov. 18, 1884. He was the son of Dr. John and Elizabeth (Bloomer) Bemiss. The father of the subject of this notice was a native of Massachusetts, but of Welsh extraction, and the mother a native of the State of New York. His ancestors were solid, substantial people, and some of them noted for their zeal in the cause of liberty in the American Revolution. His parents were among the early emigrants to Kentucky, and became thoroughly identified with its people, and the doctor partook fully of their generous traits and open-hearted hospitality. After receiving a fair academic education under the care of private tutors, Dr. Bemiss began the study of medicine in the office of Dr. Samuel Merrifield in the village of Bloomfield, Ky. He then attended lectures at the University of New York, where he graduated M.D. in 1846. He at once began to practice in Bloomfield, Ky., but in 1853 removed to the city of Louisville. His ability and learning had already attracted attention, and in 1858 he was elected to the chair of Clinical Medicine in the University of Louisville. His reputation increased with this enlarged field of his labors, but in 1862 he joined the Confederate cause and received an appointment as surgeon in the army.

He served with distinction in the armies of Virginia and Georgia and other places to the close of the war. Returning to his home in Louisville, he was installed in the professorship of Pathology and Physiology, a position which he held with increasing fame until 1866, when he was elected to the chair of Theory and Practice in the University of Louisiana in New Orleans, where he continued to lecture to the day of his death. Dr. Bemiss was gifted with close powers of observation, was a careful and zealous student, and from the time he became a resident of New Orleans, set himself to a comprehensive study of the diseases incident to it and its locality. His researches into the history and peculiarities of yellow fever were careful and untiring. In 1878 he was chairman of a commission of medical experts to study yellow fever as it appeared in the Southern States. In connection with Dr. Jerome Cochran, of Mobile, and others, he traveled from place to place where the disease had prevailed, and collected a vast amount of valuable information upon the subject. In December, 1878, he was appointed on a commission created by Congress, and placed under the direction of the Surgeon-General of the Marine Hospital Service. The result of this inquiry was published by the Marine Hospital Service in Washington. So thoroughly had he become acquainted with the epidemic in the South, that when the National Board of Health was organized under an act of Congress in 1880, Dr. Bemiss was named as one of its members, and served with it to the time of his death. The doctor early identified himself with medical organizations, and was a valuable contributor to their discussions and their literature.

He was a member of the Kentucky State Medical Society, of which he was Treasurer and Secretary; the College of Physicians and Surgeons of Louisville, of which he served as Secretary and Vice-President. Dr. Bemiss held the office of State Registrar of Kentucky for some time. A member of the American Medical Association since 1857, attending also in 1858, '59, '60, '69, '70, and 1879, and served this body both as Secretary and as Vice-President. In the eleventh volume of its transactions may be found a valuable paper by him on the subject of the results of marriages of consanguinity, and in the same volume a paper on "Stomatitis Materni." He has not only been a frequent and an esteemed contributor to medical journals, but has been counted with the editorial staff as senior editor of the New Orleans *Medical and Surgical Journal*. He was a good writer and an interesting lecturer. Oct. 16, 1840, Dr. Bemiss was united in marriage to Mary Frances, daughter of Eli Lockert, of Clarksville, Tenn. This union was blessed by six children, who, with their mother, survive to inherit the good name which the esteemed citizen and skilful physician won for himself and leaves as an imperishable legacy to them. The medical faculty of the University of Louisiana, in special meeting, passed appropriate resolutions of respect to the memory of their late associate, Prof. Bemiss, as did the Medical Association of New Orleans. The death of Dr. Bemiss is mourned by the people of New Orleans as a public misfortune.

J. M. T.

IN MEMORIAM.

Tulane University of Louisiana, Medical Department, New Orleans, November 18, 1884.

At a meeting of the Medical Faculty of the Tulane University of Louisiana the following resolution was offered by Professor S. E. Chaillé, M.D., and passed unanimously:

Resolved, That the Faculty of the Medical Department of the Tulane University of Louisiana suffered a most deplorable loss on the evening of the 17th instant by the sudden death of Professor S. M. Bemiss, M.D., a colleague beloved for his great tenderness of heart, his sensitive sympathy for the sorrowing, his prompt and cheerful services to the needy; for his hospitality, generosity and fidelity; a colleague honored for his distinguished ability and exceptional learning; for his devotion to duty so conspicuously shown during four years of war and eighteen years in the service of this University; for his many sacrifices of policy to principle; for his manly courage in assailing wrong and maintaining right, and for his charity to all, with malice for none.

When his cultured brain ceased to act and noble heart to beat his country lost one of its most valuable citizens, his patients one of America's ablest physicians, his friends a strong supporting hand in the hour of need, and his much loved wife and children a husband and father, whose great affection and self-sacrificing devotion honored them and ennobled him.

T. G. Richardson, M.D., Dean.

BOOK REVIEWS.

Lectures on Diseases of the Rectum. Delivered at Med. Dept. Univ. City of New York. By J. Williston Wright, M.D., Professor of Surgery. New York: Bermingham & Co. 1884. Pp. 170. (Price $1.25.)

These lectures were reported stenographically in the *Medical Gazette*. They are now reissued in book form, making a convenient small work of reference. They are not put forth with any claims of originality, probably, but may be said to contain a good compilation of recent opinions and modern practice in the treatment of surgical affections of the rectum and anus.

E. W. A.

Transactions of the Indiana State Medical Society. Indianapolis: 1884. Cloth, pp 382.

In his able address the President, Dr. S. E. Munford, after a review of the present relations of the profession to society and a consideration of its philanthropic position, particularly as shown in the department of sanitary affairs, proceeds to the consideration of the gross wrongs unwittingly perpetrated upon the learned and honorable in the profession by society, which, through its nebulous belief in any loud-mouthed rascal (the phraseology is our own, and is lacking in that scholarly refinement so noticeable in the address), robs the faithful and modest student both of pecuniary success and honorable distinction.

The remedy proposed by the doctor is the one so universally advocated, namely: the better education of the profession.

There is much of interest and importance in the proceedings, but the general tone of the President's address directs attention to the class of subjects that appeared to awaken exceptional interest. This is due to the fact that the profession are very poorly protected by law in Indiana, which is consequently invaded by quacks of all descriptions.

C. E. W.

BRAIN EXHAUSTION, WITH SOME PRELIMINARY CONSIDERATION ON CEREBRAL DYNAMICS. By G. LEONARD CORING, M.D., New York: D. Appleton & Company. Cloth, 234 pages.

We will attempt to briefly summarize this charmingly written book. The law of the correlation of forces makes it evident that the functional activity of the brain is dependent upon the liberation of force by the decomposition of the organic matter supplied to that organ. Hence interference with this decomposition through the direct diminution of the supply as in compression of the carotids, or indirectly, either through failure of the organs of alimentation or from deviation into other channels, as in great muscular development, or through diminished functional activity of the brain tissue such as results from mental overwork, will lead to a diminution of its power. This latter condition, to which those previously mentioned may be accessory, constitutes brain exhaustion.

It is also shown that the rational hygiene of the emotions is important to the health of the individual, and that the power of memory serves as an index of the functional condition of the brain. Worry constitutes a prominent factor in the etiology of the disease.

In the diagnosis it is necessary to differentiate from the early stages of several forms of insanity, and it would appear to us that the differentiation is not so easy as this treatise would lead one to believe.

In treating the general causes that predispose to this condition, the author considers at considerable length the peculiarities of American society and the prevailing faulty system of education.

The principles of treatment are founded upon improved hygiene, the employment of the recuperative power of sleep, and the fact that in animal food is found the best form of nutriment for the exhausted brain. These general measures may be supplemented by a judicious use of drugs.

The volume is written by one who has had abundant opportunities for informing himself as to the practical side of the subject considered, and it is sufficiently popular in its style to be of interest to most general readers.

C. E. W.

THE ELEMENTS OF PHYSIOLOGICAL PHYSICS. An Outline of the Elementary Facts, Principles and Methods of Physics; and their Application in Physiology. By G. MCGREGOR ROBERTSON, M.A., M.B., C.M. Cloth, 528 pp. 219 wood cuts. Philadelphia: Henry C. Lea's Sons & Co.

The title of this work sufficiently explains the nature of its contents. It is designed as a manual for the student of medicine, an auxiliary to his text-book in physiology, and would be particularly useful as a guide to his laboratory experiments, if he should have occasion to try any.

It will be found of great value to the practitioner, particularly the general practitioner of fair education in physics and physiology, but who has become a little rusty. For instance he may be going to purchase a microscope and to sharpen up a bit on the principles of optics, or he is to write a paper on the relation of presbyopia and procreation, and would like to remember a little something about the physics of the eye. Here in very short space he will find the very facts and principles that he has forgotten.

The book is of particular value in its explanation of the subject of electricity. The denseness of the ignorance of the majority of medical men, even of those who are constantly using the battery, as to the nature and properties of the agent employed, is perfectly astonishing to those who have an opportunity of conversing with the purchasers of such instruments.

It is not light reading by any means. It is a carefully prepared book of reference, concise and accurate, and as such we heartily recommend it.

C. E. W.

HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF SKIN DISEASES. By ARTHUR VAN HARLINGEN, M.D. Philadelphia: P. Blakiston, Son & Co. 1884. Cloth, 282 pages. Two colored plates.

This book is most full in the consideration of those diseases which are particularly common or painful. It presents a large number of prescriptions, and its contents are arranged alphabetically, thus making it at once useful to the practitioner and of ready reference.

MISCELLANEOUS.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, UNITED STATES ARMY, FROM NOVEMBER 22, 1884, TO NOVEMBER 28, 1884.

McKee, Jas. C., Major and Surgeon, leave of absence extended one month. (S. O. 273, A. G. O., Nov. 20, 1884.)

Goddard, C. E., Major and Surgeon, assigned to duty at Fort Yates, D. T. (S. O. 138, Dept. Dak., Nov. 15, 1884.)

Loring, L. Y., Captain and Assistant-Surgeon, assigned to duty as Post-Surgeon, San Diego Bks., San Diego, Cal. (S. O. 135, Dept. Cal., Nov. 19, 1884.)

Taylor, A. W., First Lieutenant and Assistant-Surgeon, relieved from duty at Fort Omaha, Neb., and ordered for duty at Fort D. A. Russell, W. T. (S. O. 101, Dept. Platte, Nov. 19, 1884.)

Wilson, Geo. F., First Lieutenant and Assistant-Surgeon, granted one month leave of absence, from Nov. 20 (Vancouver Bks., W. T). (S. O. 180, Dept. Col., Nov. 18, 1884.)

Wales, Philip G., First Lieutenant and Assistant-Surgeon, now at Ft. Cœur d'Alene, I. T., ordered for temporary duty at Vancouver Bks., W. T. (S. O. 179, Dept. Col., Nov. 17, 1884.)